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| Fill in this information to identify your case:                       |            |             |           |  |
|-----------------------------------------------------------------------|------------|-------------|-----------|--|
| Benjamin Larry Carducci                                               |            |             |           |  |
|                                                                       | First Name | Middle Name | Last Name |  |
| Debtor 2<br>(Spouse, if filing)                                       | First Name | Middle Name | Last Name |  |
| United States Bankruptcy Court for the: Southern District of New York |            |             |           |  |
| Case number 19-22859 (If known)                                       |            |             |           |  |

| Check if this is a | an |
|--------------------|----|
| amended filing     |    |

#### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|                                                                                                                                                                                                    | Your assets Value of what you own |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Schedule A/B: Property (Official Form 106A/B)                                                                                                                                                      | •                                 |
| 1a. Copy line 55, Total real estate, from Schedule A/B                                                                                                                                             | \$2,600,000.00                    |
| 1b. Copy line 62, Total personal property, from Schedule A/B                                                                                                                                       | \$34,655.00                       |
| 1c. Copy line 63, Total of all property on Schedule A/B                                                                                                                                            | \$2,634,655.00                    |
| Part 2: Summarize Your Liabilities                                                                                                                                                                 |                                   |
|                                                                                                                                                                                                    | Your liabilities Amount you owe   |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ 1,400,000.00                   |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$ 0.00                           |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>                                                                                           | <b>+</b> \$69,182.00              |
| Your total liabilities                                                                                                                                                                             | \$ <u>1,469,182.00</u>            |
| Part 3: Summarize Your Income and Expenses                                                                                                                                                         |                                   |
| . Schedule I: Your Income (Official Form 106I)                                                                                                                                                     | \$4,052.00                        |
| Copy your combined monthly income from line 12 of Schedule I                                                                                                                                       | φ <del>τ,υυ</del> 2.υυ            |
| Schedule J: Your Expenses (Official Form 106J)  Copy your monthly expenses from line 22c of Schedule J                                                                                             | <sub>\$</sub> 16,207.00           |

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Benjamin Larry Carducci

Middle Name

Debtor 1

Last Name

Case number (if known)

| Pä | Answer These Questions for Administrative and Statistical Records                                                                                                                                                                                                                                                                                          | :                                           |  |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--|
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this formation of the form.                                                                                                                                                                                 | orm to the court with your other schedules. |  |
| 7. | What kind of debt do you have?  ✓ Your debts are primarily consumer debts. Consumer debts are those "incurred by an family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpo  ✓ Your debts are not primarily consumer debts. You have nothing to report on this part this form to the court with your other schedules. | oses. 28 U.S.C. § 159.                      |  |
| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.                                                                                                                                                                               |                                             |  |
| 9. | Copy the following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> :                                                                                                                                                                                                                                                               | Total claim                                 |  |
|    | From Part 4 on Schedule E/F, copy the following:                                                                                                                                                                                                                                                                                                           |                                             |  |
|    | 9a. Domestic support obligations (Copy line 6a.)                                                                                                                                                                                                                                                                                                           | \$0.00_                                     |  |
|    | 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                                                                                                                                                                                                                                                  | \$                                          |  |
|    | 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                                                                                                                                                                                                                                                        | \$                                          |  |
|    | 9d. Student loans. (Copy line 6f.)                                                                                                                                                                                                                                                                                                                         | \$                                          |  |
|    | 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)                                                                                                                                                                                                                               | \$                                          |  |
|    | 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                                                                                                                                                                                                                                                     | <b>+</b> \$                                 |  |
|    | 9g. <b>Total.</b> Add lines 9a through 9f.                                                                                                                                                                                                                                                                                                                 | \$                                          |  |
|    |                                                                                                                                                                                                                                                                                                                                                            |                                             |  |

| Fill in this information to identify your case and this                                                                                                                                                                                                     | 1/24/19 14:57:                                                                                                              | 43 Main Docur                                                           | nent                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------|
| , jee eas and as                                                                                                                                                                                                                                            | Pg 3 01 40                                                                                                                  |                                                                         |                                       |
| Debtor 1 Benjamin Larry Carducci First Name Middle Name                                                                                                                                                                                                     | Last Name                                                                                                                   |                                                                         |                                       |
| Debtor 2 (Spouse, if filing) First Name Middle Name                                                                                                                                                                                                         | Last Name                                                                                                                   |                                                                         |                                       |
| United States Bankruptcy Court for the: Southern District of Ne                                                                                                                                                                                             |                                                                                                                             |                                                                         |                                       |
| 10.00050                                                                                                                                                                                                                                                    | w rolk                                                                                                                      |                                                                         |                                       |
| Case number 19-22859                                                                                                                                                                                                                                        |                                                                                                                             |                                                                         | Check if this is an                   |
|                                                                                                                                                                                                                                                             |                                                                                                                             |                                                                         | amended filing                        |
| Official Form 106A/B                                                                                                                                                                                                                                        |                                                                                                                             |                                                                         |                                       |
| Schedule A/B: Propert                                                                                                                                                                                                                                       | у                                                                                                                           |                                                                         | 12/15                                 |
| In each category, separately list and describe items category where you think it fits best. Be as comple responsible for supplying correct information. If m write your name and case number (if known). Answers Part 1: Describe Each Residence, Building, | ete and accurate as possible. If two married people ore space is needed, attach a separate sheet to the ver every question. | e are filing together, bo<br>is form. On the top of a                   | th are equally                        |
| Do you own or have any legal or equitable intere                                                                                                                                                                                                            | ·                                                                                                                           |                                                                         |                                       |
| ☐ No. Go to Part 2.                                                                                                                                                                                                                                         | ,,                                                                                                                          | ,.                                                                      |                                       |
| ✓ Yes. Where is the property?                                                                                                                                                                                                                               | What is the property? Check all that apply.                                                                                 | Do not deduct secured cla                                               | ims or exemptions. Put                |
| 1.1. 20 Harris Lane                                                                                                                                                                                                                                         | Single-family home                                                                                                          | the amount of any secured<br>Creditors Who Have Claim                   | d claims on <i>Schedule D:</i>        |
| Street address, if available, or other description                                                                                                                                                                                                          | □ Duplex or multi-unit building     □ Condominium or cooperative                                                            | Current value of the                                                    | Current value of the                  |
|                                                                                                                                                                                                                                                             | Manufactured or mobile home                                                                                                 | entire property?                                                        | portion you own?                      |
|                                                                                                                                                                                                                                                             | ☐ Land ☐ Investment property                                                                                                | Ψ                                                                       | \$ 600,000.00                         |
| Harrison NY 10528 City State ZIP Code                                                                                                                                                                                                                       | Timeshare                                                                                                                   | Describe the nature of interest (such as feet)                          | simple, tenancy by                    |
|                                                                                                                                                                                                                                                             | Other Who has an interest in the property? Check one.                                                                       | the entireties, or a life<br>Tenancy by the Er                          |                                       |
| Westchester County                                                                                                                                                                                                                                          | Debtor 1 only                                                                                                               | Check if this is co                                                     | mmunity property                      |
| County                                                                                                                                                                                                                                                      | Debtor 2 only                                                                                                               |                                                                         |                                       |
|                                                                                                                                                                                                                                                             | Debtor 1 and Debtor 2 only  At least one of the debtors and another                                                         |                                                                         |                                       |
|                                                                                                                                                                                                                                                             | Other information you wish to add about this it                                                                             | em, such as local                                                       |                                       |
|                                                                                                                                                                                                                                                             | property identification number:                                                                                             |                                                                         |                                       |
|                                                                                                                                                                                                                                                             |                                                                                                                             |                                                                         |                                       |
|                                                                                                                                                                                                                                                             |                                                                                                                             |                                                                         |                                       |
| If you own or have more than one, list here:                                                                                                                                                                                                                | What is the property? Check all that apply.                                                                                 | Do not deduct secured cla                                               | ims or exemptions. Put                |
| <sub>1.2.</sub> 1 Magnolia Drive                                                                                                                                                                                                                            | Single-family home Duplex or multi-unit building                                                                            | the amount of any secured<br>Creditors Who Have Claim                   | d claims on <i>Schedule D:</i>        |
| Street address, if available, or other description                                                                                                                                                                                                          | Condominium or cooperative  Manufactured or mobile home                                                                     | Current value of the entire property?                                   | Current value of the portion you own? |
|                                                                                                                                                                                                                                                             | Land                                                                                                                        | \$2,000,000.00                                                          | \$ 2,000,000.00                       |
| Purchase NY 10577                                                                                                                                                                                                                                           | ☐ Investment property ☐ Timeshare                                                                                           | Describe the nature                                                     |                                       |
| City State ZIP Code                                                                                                                                                                                                                                         | Other                                                                                                                       | Describe the nature of interest (such as feet the entireties, or a life | simple, tenancy by                    |
|                                                                                                                                                                                                                                                             | Who has an interest in the property? Check one.  Debtor 1 only                                                              | Tenancy by the Ent                                                      | ireties                               |
| Westchester County County                                                                                                                                                                                                                                   | Debtor 2 only                                                                                                               |                                                                         |                                       |
| •                                                                                                                                                                                                                                                           | Debtor 1 and Debtor 2 only                                                                                                  |                                                                         | mmunity property                      |
|                                                                                                                                                                                                                                                             | At least one of the debtors and another                                                                                     | (see instructions)                                                      |                                       |
|                                                                                                                                                                                                                                                             | Other information you wish to add about this ite property identification number:                                            | m, such as local                                                        |                                       |

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| Street address, if available, or other description  City State ZIP Code  County                                                                                                                                                                                                                                                                                               | What is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this ite property identification number: | entire property?  \$  Describe the nature of interest (such as fee the entireties, or a life  Check if this is considered in the constructions) | d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$  If your ownership simple, tenancy by |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <ul> <li>2. Add the dollar value of the portion you own for all you have attached for Part 1. Write that number have attached for Part 1. Write that number have legal or equitable interest you own, lease, or have legal or equitable interest you own that someone else drives. If you lease a vehicle 3. Cars, vans, trucks, tractors, sport utility vehicles.</li> </ul> | st in any vehicles, whether they are registered or ite, also report it on Schedule G: Executory Contracts a                                                                                                                                                                                                                                                                                                                    | not? Include any vehicles                                                                                                                       | \$2,600,000.00                                                                                                                   |
| Yes  3.1. Make: Cadillac  Model: Deville  Year: 2002  Approximate mileage: 30000  Other information:  Condition: Good                                                                                                                                                                                                                                                         | Who has an interest in the property? Check one.  ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another  ☐ Check if this is community property (see instructions)                                                                                                                                                                                                              | Do not deduct secured clathe amount of any securer Creditors Who Have Claim  Current value of the entire property?  \$2,275.00                  | d claims on <i>Schedule D:</i>                                                                                                   |
| If you own or have more than one, describe here:  3.2. Make: Cadillac  Model: Escalade  Year: 2004  Approximate mileage: 35000  Other information:  Condition: Good                                                                                                                                                                                                           | Who has an interest in the property? Check one.  ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this is community property (see instructions)                                                                                                                                                                                                               | Do not deduct secured clathe amount of any securer Creditors Who Have Clain.  Current value of the entire property?  \$7,080.00                 | d claims on <i>Schedule D:</i>                                                                                                   |

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| Make:<br>Model:                                                                                                                                                   | Who has an interest in the property? Check one.  Debtor 1 only                                                                                                                                                                                                                                                                                      | Do not deduct secured cla<br>the amount of any secure<br>Creditors Who Have Clair                                                                                                                                         | d claims on <i>Śchedule L</i>                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Year:Approximate mileage:                                                                                                                                         | Debtor 2 only  Debtor 1 and Debtor 2 only                                                                                                                                                                                                                                                                                                           | Current value of the entire property?                                                                                                                                                                                     |                                                                                 |
| Other information:                                                                                                                                                | Check if this is community property (see instructions)                                                                                                                                                                                                                                                                                              | \$                                                                                                                                                                                                                        | \$                                                                              |
| Make:<br>Model:                                                                                                                                                   | Debter 1 only                                                                                                                                                                                                                                                                                                                                       | Do not deduct secured cla<br>the amount of any secure<br>Creditors Who Have Clair                                                                                                                                         | d claims on <i>Schedule</i>                                                     |
| Year:Approximate mileage:                                                                                                                                         | Debtor 1 and Debtor 2 only                                                                                                                                                                                                                                                                                                                          | Current value of the entire property?                                                                                                                                                                                     | Current value of portion you own                                                |
| Other information:                                                                                                                                                | Check if this is community property (see instructions)                                                                                                                                                                                                                                                                                              | \$                                                                                                                                                                                                                        | \$                                                                              |
|                                                                                                                                                                   | Debtor 1 only                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           | d claims on <i>Schedule</i>                                                     |
| Examples: Boats, trailers, motors, personal  No Yes  1.1. Make:                                                                                                   | watercraft, fishing vessels, snowmobiles, motorcycle accesso  Who has an interest in the property? Check one.                                                                                                                                                                                                                                       | Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the entire property?                                                                                                      | d claims on Schedule ms Secured by Proper  Current value of portion you own     |
| Examples: Boats, trailers, motors, personal  No Yes  1.1. Make:  Model:  Year:  Other information:  you own or have more than one, list here:                     | watercraft, fishing vessels, snowmobiles, motorcycle accessor  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)                                                                              | Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the entire property?                                                                                                         | d claims on Schedule ms Secured by Prope.  Current value of portion you own  \$ |
| Examples: Boats, trailers, motors, personal  No Yes  H.1. Make:  Model:  Year:  Other information:                                                                | watercraft, fishing vessels, snowmobiles, motorcycle accessor  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)                                                                              | Do not deduct secured clathe amount of any securer Creditors Who Have Clair  Current value of the entire property?  \$  Do not deduct secured clathe amount of any securer Creditors Who Have Clair  Current value of the | d claims on Schedule ms Secured by Prope.  Current value or portion you own  \$ |
| Examples: Boats, trailers, motors, personal  No Yes  1.1. Make:  Model:  Year:  Other information:  you own or have more than one, list here:  1.2. Make:  Model: | watercraft, fishing vessels, snowmobiles, motorcycle accessor  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$  Do not deduct secured clathe amount of any secure Creditors Who Have Clair                         | d claims on Schedule ms Secured by Prope.  Current value or portion you own  \$ |

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#### Part 3: Describe Your Personal and Household Items

|     |                           | egal or equitable interest in any of the following items?                                                                                                             | Current value of the portion you own?       |
|-----|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| 6.  | Household goods and       | furnishings                                                                                                                                                           | Do not deduct secured claims or exemptions. |
|     | Examples: Major appliar   | nces, furniture, linens, china, kitchenware                                                                                                                           | —                                           |
|     | □ No                      | Miscellaneous household furniture,                                                                                                                                    |                                             |
|     |                           | 2 large Persian rugs                                                                                                                                                  |                                             |
|     | Yes. Describe             | 3 small Persian rugs                                                                                                                                                  |                                             |
|     |                           | inlaid table                                                                                                                                                          | <sub>\$</sub> 20,000.00                     |
|     |                           |                                                                                                                                                                       | \$                                          |
|     |                           |                                                                                                                                                                       |                                             |
| 7.  | Electronics               |                                                                                                                                                                       |                                             |
|     |                           | and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music electronic devices including cell phones, cameras, media players, games | _                                           |
|     | □ No                      | 3 Tvs                                                                                                                                                                 | 7                                           |
|     |                           | 1 Computer                                                                                                                                                            | <sub>\$</sub> 500.00                        |
|     | ✓Yes. Describe            |                                                                                                                                                                       | \$                                          |
|     |                           |                                                                                                                                                                       |                                             |
| 8.  | Collectibles of value     |                                                                                                                                                                       |                                             |
|     |                           | figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectibles     | _                                           |
|     | ✓ No                      | basebali card collections, other collections, memorabilia, collectibles                                                                                               |                                             |
|     |                           |                                                                                                                                                                       | <sub>\$</sub> 0.00                          |
|     | ☐ Yes. Describe           |                                                                                                                                                                       | \$                                          |
|     |                           |                                                                                                                                                                       |                                             |
| 9.  | Equipment for sports a    | nd hobbies                                                                                                                                                            |                                             |
|     | Examples: Sports, photo   | ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes                                                                        |                                             |
|     |                           | carpentry tools; musical instruments                                                                                                                                  |                                             |
|     | ☑ No                      |                                                                                                                                                                       |                                             |
|     |                           |                                                                                                                                                                       | <sub>\$</sub> 0.00                          |
|     | ☐ Yes. Describe           |                                                                                                                                                                       | \$                                          |
|     |                           |                                                                                                                                                                       |                                             |
| 10  | . Firearms                |                                                                                                                                                                       |                                             |
|     | Examples: Pistols, rifles | , shotguns, ammunition, and related equipment                                                                                                                         |                                             |
|     | ☑ No                      | , <del></del>                                                                                                                                                         |                                             |
|     | Yes. Describe             |                                                                                                                                                                       | \$ 0.00                                     |
|     |                           |                                                                                                                                                                       | \$                                          |
| 4.4 | . Clothes                 |                                                                                                                                                                       |                                             |
| 11  |                           |                                                                                                                                                                       |                                             |
|     |                           | thes, furs, leather coats, designer wear, shoes, accessories                                                                                                          | _                                           |
|     | ☐ No                      | Miscellaneous clothing                                                                                                                                                | F0.00                                       |
|     | Yes. Describe             |                                                                                                                                                                       | <sub>\$</sub> 50.00                         |
|     |                           |                                                                                                                                                                       | ,                                           |
|     |                           |                                                                                                                                                                       |                                             |
| 12  | . Jewelry                 |                                                                                                                                                                       | _                                           |
|     | Examples: Everyday iew    | velry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,                                                                             |                                             |
|     | gold, silver              | - ,, ,,                                                                                                                                                               |                                             |
|     | _                         | Coatar Watah                                                                                                                                                          | _                                           |
|     | □ No                      | Sectar Watch 3 other watches                                                                                                                                          | <sub>\$</sub> 50.00                         |
|     | ✓ Yes. Describe           | O Union wateries                                                                                                                                                      | \$ 50.00                                    |
| 10  | Non-farm animals          |                                                                                                                                                                       |                                             |
| 13  |                           | indo horses                                                                                                                                                           |                                             |
|     | Examples: Dogs, cats, b   | oiras, norses                                                                                                                                                         |                                             |
|     | ☑ No                      |                                                                                                                                                                       | _                                           |
|     | Yes. Describe             |                                                                                                                                                                       | \$ 0.00                                     |
|     |                           |                                                                                                                                                                       | Ψ                                           |
| 14  | . Any other personal and  | d household items you did not already list, including any health aids you did not list                                                                                | _                                           |
|     | ☑ No                      |                                                                                                                                                                       |                                             |
|     |                           |                                                                                                                                                                       | 0.00                                        |
|     | Yes. Give specific        |                                                                                                                                                                       | \$ 0.00                                     |
|     | information               | •                                                                                                                                                                     |                                             |
| 15  | Add the dollar value of   | f all of your entries from Part 3, including any entries for pages you have attached                                                                                  | <sub>\$</sub> 20,600.00                     |
| .5  |                           | umber here                                                                                                                                                            | \$                                          |
|     | ran or mino mat in        |                                                                                                                                                                       | L                                           |

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| Part 4: Describe Your Financial Assets                                                                                                                                                                                                                                                               |                                                                                    |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--|--|--|
| Do you own or have any legal or equitable interest in any of the following?                                                                                                                                                                                                                          | Current value of the portion you own?  Do not deduct secured claims or exemptions. |  |  |  |
| 16. <b>Cash</b> Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition                                                                                                                                                                |                                                                                    |  |  |  |
| □ No                                                                                                                                                                                                                                                                                                 |                                                                                    |  |  |  |
| ✓ Yes  Cash:                                                                                                                                                                                                                                                                                         | \$ 1,000.00                                                                        |  |  |  |
| <ul> <li>17. Deposits of money         Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.     </li> <li>No</li> </ul> |                                                                                    |  |  |  |
| Yes Institution name:                                                                                                                                                                                                                                                                                |                                                                                    |  |  |  |
| 17.1. Checking account: Westchester Bank                                                                                                                                                                                                                                                             | \$0.00                                                                             |  |  |  |
| 17.2. Checking account: TD Bank                                                                                                                                                                                                                                                                      | 000.00                                                                             |  |  |  |
| 17.3. Savings account:                                                                                                                                                                                                                                                                               | _ \$                                                                               |  |  |  |
| 17.4. Savings account:                                                                                                                                                                                                                                                                               | _ \$                                                                               |  |  |  |
| 17.5. Certificates of deposit:                                                                                                                                                                                                                                                                       | _ \$                                                                               |  |  |  |
| 17.6. Other financial account:                                                                                                                                                                                                                                                                       | - \$                                                                               |  |  |  |
| 17.7. Other financial account:                                                                                                                                                                                                                                                                       | - \$                                                                               |  |  |  |
| 17.8. Other financial account:                                                                                                                                                                                                                                                                       |                                                                                    |  |  |  |
| 17.9. Other financial account:                                                                                                                                                                                                                                                                       | - \$                                                                               |  |  |  |
|                                                                                                                                                                                                                                                                                                      |                                                                                    |  |  |  |
| 18. Bonds, mutual funds, or publicly traded stocks  Examples: Bond funds, investment accounts with brokerage firms, money market accounts  □ No □ Yes  Institution or issuer name:  IBM - Stock                                                                                                      | \$ <u>3,500.00</u>                                                                 |  |  |  |
|                                                                                                                                                                                                                                                                                                      |                                                                                    |  |  |  |
|                                                                                                                                                                                                                                                                                                      | _ \$                                                                               |  |  |  |
| <ul> <li>19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture         <ul> <li>No</li> <li>✓ Yes. Give specific information about them.</li> </ul> </li> </ul>                                 |                                                                                    |  |  |  |
| Name of entity: % of ownership:                                                                                                                                                                                                                                                                      | , \$ <u>Unknown</u>                                                                |  |  |  |
| 433 Fourth Street LLC 100 ,                                                                                                                                                                                                                                                                          | ¢                                                                                  |  |  |  |
|                                                                                                                                                                                                                                                                                                      | % • • • • • • • • • • • • • • • • • • •                                            |  |  |  |
|                                                                                                                                                                                                                                                                                                      | % <b>\$</b>                                                                        |  |  |  |

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| 20. Government and corporate bonds and other negotiable and non-negotiable instruments                                                                                                                                                                                                      |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.  Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.                                                                                   |          |
| No                                                                                                                                                                                                                                                                                          |          |
| Yes. Give specific                                                                                                                                                                                                                                                                          |          |
| information about                                                                                                                                                                                                                                                                           |          |
| them                                                                                                                                                                                                                                                                                        |          |
|                                                                                                                                                                                                                                                                                             | \$       |
|                                                                                                                                                                                                                                                                                             |          |
|                                                                                                                                                                                                                                                                                             | •        |
|                                                                                                                                                                                                                                                                                             | \$       |
| 21. <b>Retirement or pension accounts</b> <i>Examples:</i> Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing p                                                                                                                    | olans    |
| □No                                                                                                                                                                                                                                                                                         |          |
| Yes. List each                                                                                                                                                                                                                                                                              |          |
| account separately. Institution name:  Type of account:                                                                                                                                                                                                                                     |          |
| 401(k) or similar plan:                                                                                                                                                                                                                                                                     | \$       |
| Pension plan:                                                                                                                                                                                                                                                                               | <u> </u> |
| IRA:                                                                                                                                                                                                                                                                                        | Φ.       |
|                                                                                                                                                                                                                                                                                             | Ψ        |
| Retirement account.                                                                                                                                                                                                                                                                         |          |
| Keogh:                                                                                                                                                                                                                                                                                      |          |
| Additional account:                                                                                                                                                                                                                                                                         | \$       |
| Additional account:                                                                                                                                                                                                                                                                         | \$       |
| 22. Security deposits and prepayments  Your share of all unused deposits you have made so that you may continue service or use from a company   Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications  companies, or others  IV No |          |
| Yes                                                                                                                                                                                                                                                                                         |          |
| Electric:                                                                                                                                                                                                                                                                                   | \$       |
| Gas:                                                                                                                                                                                                                                                                                        | \$       |
| Heating oil:                                                                                                                                                                                                                                                                                | \$       |
| Rental unit:                                                                                                                                                                                                                                                                                | \$       |
| Prepaid rent:                                                                                                                                                                                                                                                                               | \$       |
| Telephone:                                                                                                                                                                                                                                                                                  | \$       |
| Water:                                                                                                                                                                                                                                                                                      | \$       |
| Rented furniture:                                                                                                                                                                                                                                                                           | \$       |
| Other:                                                                                                                                                                                                                                                                                      | <u> </u> |
|                                                                                                                                                                                                                                                                                             |          |
| 23. <b>Annuities</b> (A contract for a periodic payment of money to you, either for life or for a number of years)                                                                                                                                                                          |          |
| ☑ No                                                                                                                                                                                                                                                                                        |          |
| Yes Issuer name and description:                                                                                                                                                                                                                                                            |          |
|                                                                                                                                                                                                                                                                                             | \$       |
|                                                                                                                                                                                                                                                                                             | <br>\$   |
|                                                                                                                                                                                                                                                                                             | <br>\$   |
|                                                                                                                                                                                                                                                                                             |          |

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|                                                                                                  | in a qualified ABLE program, or under a qualified state tuition progra                                                                    | n.                                                                                 |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).                                                  |                                                                                                                                           |                                                                                    |
| ☑ No                                                                                             |                                                                                                                                           |                                                                                    |
| Yes Institution name                                                                             | and description. Separately file the records of any interests.11 U.S.C. $\S$ 5.                                                           | 21(c):                                                                             |
|                                                                                                  |                                                                                                                                           | \$                                                                                 |
|                                                                                                  |                                                                                                                                           |                                                                                    |
|                                                                                                  |                                                                                                                                           | Φ                                                                                  |
|                                                                                                  |                                                                                                                                           | Φ                                                                                  |
| 25 Truete aquitable or future interests in proper                                                | rty (other than anything listed in line 1), and rights or powers                                                                          |                                                                                    |
| exercisable for your benefit                                                                     | rty (other than anything listed in line 1), and rights of powers                                                                          |                                                                                    |
| ☑ No                                                                                             |                                                                                                                                           |                                                                                    |
| Yes. Give specific                                                                               |                                                                                                                                           |                                                                                    |
| information about them                                                                           |                                                                                                                                           | \$0.00                                                                             |
|                                                                                                  |                                                                                                                                           |                                                                                    |
| 26. Patents, copyrights, trademarks, trade secre                                                 | • • •                                                                                                                                     |                                                                                    |
|                                                                                                  | roceeds from royalties and licensing agreements                                                                                           |                                                                                    |
| ☑ No                                                                                             |                                                                                                                                           |                                                                                    |
| Yes. Give specific information about them                                                        |                                                                                                                                           | \$0.00                                                                             |
|                                                                                                  |                                                                                                                                           |                                                                                    |
| 27. Licenses, franchises, and other general intar                                                | ngibles                                                                                                                                   |                                                                                    |
| Examples: Building permits, exclusive licenses,                                                  | cooperative association holdings, liquor licenses, professional licenses                                                                  |                                                                                    |
| ☑ No                                                                                             |                                                                                                                                           |                                                                                    |
| Yes. Give specific                                                                               |                                                                                                                                           | 0.00                                                                               |
| information about them                                                                           |                                                                                                                                           | \$0.00                                                                             |
|                                                                                                  |                                                                                                                                           |                                                                                    |
| Money or property owed to you?                                                                   |                                                                                                                                           | Current value of the portion you own?                                              |
|                                                                                                  |                                                                                                                                           | Do not deduct secured                                                              |
|                                                                                                  |                                                                                                                                           | claims or exemptions.                                                              |
| 28. Tax refunds owed to you                                                                      |                                                                                                                                           |                                                                                    |
| ☑ No                                                                                             |                                                                                                                                           |                                                                                    |
| Yes. Give specific information about them, including whether                                     | Federal:                                                                                                                                  | <u>\$</u> 0.00                                                                     |
| you already filed the returns                                                                    | State:                                                                                                                                    | \$_0.00                                                                            |
| and the tax years                                                                                | Local:                                                                                                                                    | \$ <u>0.00</u>                                                                     |
|                                                                                                  |                                                                                                                                           |                                                                                    |
| 29. Family support                                                                               |                                                                                                                                           |                                                                                    |
|                                                                                                  | sal support, child support, maintenance, divorce settlement, property settle                                                              | ement                                                                              |
| ☑ No                                                                                             |                                                                                                                                           |                                                                                    |
| Yes. Give specific information                                                                   |                                                                                                                                           | 0.00                                                                               |
|                                                                                                  |                                                                                                                                           |                                                                                    |
| I                                                                                                | Alimony:                                                                                                                                  | \$ 0.00                                                                            |
|                                                                                                  | Alimony:  Maintenance:                                                                                                                    | \$ 0.00                                                                            |
|                                                                                                  | Maintenance: Support:                                                                                                                     | \$ 0.00<br>\$ 0.00                                                                 |
|                                                                                                  | Maintenance: Support: Divorce settlement:                                                                                                 | \$ 0.00<br>\$ 0.00<br>\$ 0.00                                                      |
|                                                                                                  | Maintenance: Support:                                                                                                                     | \$ 0.00<br>\$ 0.00<br>\$ 0.00                                                      |
| 30. Other amounts someone owes you                                                               | Maintenance: Support: Divorce settlement: Property settlement                                                                             | \$\frac{0.00}{\$0.00}\$<br>\$\frac{0.00}{\$0.00}\$                                 |
| Examples: Unpaid wages, disability insurance pa                                                  | Maintenance: Support: Divorce settlement: Property settlement ayments, disability benefits, sick pay, vacation pay, workers' compensation | \$\frac{0.00}{\$0.00}\$<br>\$\frac{0.00}{\$0.00}\$                                 |
| Examples: Unpaid wages, disability insurance possible Social Security benefits; unpaid loans     | Maintenance: Support: Divorce settlement: Property settlement ayments, disability benefits, sick pay, vacation pay, workers' compensation | \$\frac{0.00}{\$0.00}\$<br>\$\frac{0.00}{\$0.00}\$                                 |
| Examples: Unpaid wages, disability insurance possible Social Security benefits; unpaid loans  No | Maintenance: Support: Divorce settlement: Property settlement ayments, disability benefits, sick pay, vacation pay, workers' compensation | \$\( 0.00 \) \$\( 0.00 \) \$\( 0.00 \) \$\( 0.00 \) \$\( 0.00 \) \$\( 0.00 \)  on, |
| Examples: Unpaid wages, disability insurance possible Social Security benefits; unpaid loans     | Maintenance: Support: Divorce settlement: Property settlement ayments, disability benefits, sick pay, vacation pay, workers' compensation | \$\frac{0.00}{\$0.00}\$<br>\$\frac{0.00}{\$0.00}\$                                 |

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| 31. Interests in insurance policies  Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance  No                                                                                                                 |                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Yes. Name the insurance company Company name:  Beneficiary:                                                                                                                                                                                                                        | Surrender or refund value:                                                         |
| of each policy and list its value                                                                                                                                                                                                                                                  | \$                                                                                 |
|                                                                                                                                                                                                                                                                                    | \$                                                                                 |
|                                                                                                                                                                                                                                                                                    | \$                                                                                 |
| 32. Any interest in property that is due you from someone who has died  If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.  ☑ No ☐ Yes. Give specific information | \$ 0.00                                                                            |
| 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue                                                                                                | ]                                                                                  |
| Yes. Describe each claim                                                                                                                                                                                                                                                           | <sub>\$</sub> 0.00                                                                 |
| 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims    V   No                                                                                                                                         | _!                                                                                 |
| Yes. Describe each claim                                                                                                                                                                                                                                                           | \$ 0.00                                                                            |
| 35. Any financial assets you did not already list                                                                                                                                                                                                                                  | _l                                                                                 |
| ☑ No                                                                                                                                                                                                                                                                               |                                                                                    |
| Yes. Give specific information                                                                                                                                                                                                                                                     | \$0.00                                                                             |
| 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here                                                                                                                                  | \$ <u>4,700.00</u>                                                                 |
|                                                                                                                                                                                                                                                                                    |                                                                                    |
| Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any re                                                                                                                                                                                         | eal estate in Part 1.                                                              |
| 37. Do you own or have any legal or equitable interest in any business-related property?  No. Go to Part 6.  Yes. Go to line 38.                                                                                                                                                   |                                                                                    |
|                                                                                                                                                                                                                                                                                    | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 38. Accounts receivable or commissions you already earned                                                                                                                                                                                                                          |                                                                                    |
| Voc Describe                                                                                                                                                                                                                                                                       | \$_0.00                                                                            |
| 39. Office equipment, furnishings, and supplies  Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  No                                                                                  |                                                                                    |
|                                                                                                                                                                                                                                                                                    | \$0.00                                                                             |

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|                                                                                                                                                                   | oplies you use in business, and tools of your trade             |                 |                                                                                    |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------|--|--|--|
| ✓ No ☐ Yes. Describe                                                                                                                                              |                                                                 |                 | \$ 0.00                                                                            |  |  |  |
| 41. Inventory  No Yes. Describe                                                                                                                                   |                                                                 |                 | \$ 0.00                                                                            |  |  |  |
| 42. Interests in partnerships or joint ver                                                                                                                        | nturoe                                                          |                 |                                                                                    |  |  |  |
| □ No □ Yes. Describe Name of entity                                                                                                                               |                                                                 | % of ownership: |                                                                                    |  |  |  |
| 433 Fourth Stree                                                                                                                                                  | et LLC                                                          | 100 %           | \$<br>\$<br>\$                                                                     |  |  |  |
| 43. Customer lists, mailing lists, or other                                                                                                                       |                                                                 |                 | 7                                                                                  |  |  |  |
| Yes. <b>Do your lists include perso</b> No Yes. Describe                                                                                                          | nally identifiable information (as defined in 11 U.S.C. § 101(4 | 1A)) <b>?</b>   | \$ 0.00                                                                            |  |  |  |
| 44. Any business-related property you                                                                                                                             | did not already list                                            |                 | \$0.00                                                                             |  |  |  |
| ✓ No  ☐ Yes. Give specific information                                                                                                                            | ·                                                               |                 | \$                                                                                 |  |  |  |
|                                                                                                                                                                   |                                                                 |                 | \$<br>\$                                                                           |  |  |  |
|                                                                                                                                                                   |                                                                 |                 | \$<br>\$                                                                           |  |  |  |
|                                                                                                                                                                   | ntries from Part 5, including any entries for pages you have    | _               | \$<br>\$0.00                                                                       |  |  |  |
|                                                                                                                                                                   |                                                                 | _               |                                                                                    |  |  |  |
| Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. |                                                                 |                 |                                                                                    |  |  |  |
| 46. <b>Do you own or have any legal or eq</b> ✓ No. Go to Part 7.  ✓ Yes. Go to line 47.                                                                          | uitable interest in any farm- or commercial fishing-related pr  | operty?         |                                                                                    |  |  |  |
|                                                                                                                                                                   |                                                                 |                 | Current value of the portion you own?  Do not deduct secured claims or exemptions. |  |  |  |
| 47. <b>Farm animals</b> Examples: Livestock, poultry, farm-rai                                                                                                    | sed fish                                                        |                 |                                                                                    |  |  |  |
| ☐ Yes                                                                                                                                                             |                                                                 |                 | \$                                                                                 |  |  |  |

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| 48. Crops—either growing or harvested                                                                    |                         |                              |                       |
|----------------------------------------------------------------------------------------------------------|-------------------------|------------------------------|-----------------------|
| ☐ Yes. Give specific information                                                                         |                         |                              | \$                    |
| 49. Farm and fishing equipment, implements, machinery, fixtures,  No Yes                                 | and tools of trade      |                              |                       |
|                                                                                                          |                         |                              | \$                    |
| 50. Farm and fishing supplies, chemicals, and feed  No                                                   |                         |                              |                       |
| Yes                                                                                                      |                         |                              |                       |
|                                                                                                          | A almandu link          |                              | \$                    |
| 51. Any farm- and commercial fishing-related property you did no                                         | t aiready list          |                              |                       |
| Yes. Give specific information                                                                           |                         |                              | \$                    |
| 52. Add the dollar value of all of your entries from Part 6, includin for Part 6. Write that number here |                         |                              | \$ 0.00               |
| for Part 6. Write that number here                                                                       |                         |                              |                       |
| Part 7: Describe All Property You Own or Have a                                                          | n Interest in That      | You Did Not List Above       |                       |
| 53. Do you have other property of any kind you did not already lis                                       | et?                     |                              |                       |
| Examples: Season tickets, country club membership  No                                                    |                         |                              |                       |
| Yes. Give specific information                                                                           |                         |                              |                       |
|                                                                                                          |                         |                              |                       |
| 54. Add the dollar value of all of your entries from Part 7. Write that                                  | at number here          | ······                       | \$ 0.00               |
| ,                                                                                                        |                         |                              |                       |
| Part 8: List the Totals of Each Part of this Form                                                        |                         |                              |                       |
| 55. Part 1: Total real estate, line 2                                                                    |                         | ·····-                       | \$2,600,000.00        |
| 56. Part 2: Total vehicles, line 5                                                                       | <sub>\$</sub> 9,355.00  | -                            |                       |
| 57. Part 3: Total personal and household items, line 15                                                  | \$20,600.00             | -                            |                       |
| 58. Part 4: Total financial assets, line 36                                                              | \$ <u>4,700.00</u>      | -                            |                       |
| 59. Part 5: Total business-related property, line 45                                                     | \$ <u>0.00</u>          | -                            |                       |
| 60. Part 6: Total farm- and fishing-related property, line 52                                            | \$ <u>0.00</u>          | -                            |                       |
| 61. Part 7: Total other property not listed, line 54                                                     | <b>+</b> \$0.00         | -                            |                       |
| 62. Total personal property. Add lines 56 through 61                                                     | <sub>\$</sub> 34,655.00 | Copy personal property total | <b>4</b> \$ 34,655.00 |
|                                                                                                          |                         | _                            | 0.004.055.00          |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62                                         |                         |                              | \$2,634,655.00        |
|                                                                                                          |                         |                              |                       |

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| Fill in this information to identify your case:                       |                   |             |           |    |
|-----------------------------------------------------------------------|-------------------|-------------|-----------|----|
| Debtor 1                                                              | Benjamin Larry Ca | arducci     |           |    |
|                                                                       | First Name        | Middle Name | Last Name |    |
| Debtor 2                                                              |                   |             |           |    |
| (Spouse, if filing)                                                   | First Name        | Middle Name | Last Name |    |
| United States Bankruptcy Court for the: Southern District of New York |                   |             | ·k        |    |
| Case number                                                           | 19-22859          |             | \-·       | -, |
| (If known)                                                            | Case number       |             |           |    |

#### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Property You Claim as Exempt                                                                                                                                                                                                                                                               |                                      |                                                                             |                                                             |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------|--|--|--|--|
| <ol> <li>Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.</li> <li>✓ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)</li> <li>✓ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)</li> </ol>                       |                                      |                                                                             |                                                             |  |  |  |  |
| 2. For any property you list on Schedule A/B th                                                                                                                                                                                                                                                                 | nat you claim as exempt, fill i      | n the information below.                                                    |                                                             |  |  |  |  |
| Brief description of the property and line on<br>Schedule A/B that lists this property                                                                                                                                                                                                                          | Current value of the portion you own | Amount of the exemption you claim                                           | Specific laws that allow exemption                          |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                 | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                                       |                                                             |  |  |  |  |
| 1 Magnolia Drive Brief description: Line from Schedule A/B: 1.2                                                                                                                                                                                                                                                 | \$ <u>2,000,000.00</u>               | 165,550.00 100% of fair market value, up to any applicable statutory limit  | N.Y. CPLR § 5206 (a)                                        |  |  |  |  |
| 2002 Cadillac Deville Brief description: Line from Schedule A/B: 3.1                                                                                                                                                                                                                                            | \$ 2,275.00                          | \$ 2,275.00 100% of fair market value, up to any applicable statutory limit | N.Y. Debt. & Cred. Law § 282 (1) N.Y.<br>CPLR § 5205 (a)(8) |  |  |  |  |
| Brief 2004 Cadillac Escalade description:  Line from Schedule A/B: 3.2                                                                                                                                                                                                                                          | \$ 7,080.00                          | 2,150.00 100% of fair market value, up to any applicable statutory limit    | N.Y. Debt. & Cred. Law § 282 (1) N.Y. CPLR § 5205 (a)(8)    |  |  |  |  |
| 3. Are you claiming a homestead exemption of more than \$170,350?  (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)  I No  Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  No  Yes |                                      |                                                                             |                                                             |  |  |  |  |

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First Name Middle Name Last Name Case number (if known) 19-22859 Pg 14 of 46

Debtor

Part 2:

#### **Additional Page**

|                      |                                       | ion of the property and line<br>A/B that lists this property                          | Current value of the portion you own Copy the value from | exemption you claim Check only one box                                              | Specific laws that allow exemption               |
|----------------------|---------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------|
|                      | Hayaah                                | ald seeds. Missellements betterheld fromitive                                         | Schedule A/B                                             | for each exemption                                                                  |                                                  |
| Line                 | f 2 large cription: 3 small inlaid ta | old goods - Miscellaneous household furniture,<br>Persian rugs<br>Persian rugs<br>ble | \$ <u>20,000.00</u>                                      | \$\frac{11,025.00}{100\% of fair market value, up to any applicable statutory limit | NY CPLR § 5205                                   |
| Brie<br>desc<br>Line | f Electror<br>1 Comp<br>cription:     | nics - 3 Tvs<br>uter                                                                  | \$500.00                                                 | \$ 500.00 100% of fair market value, up to any applicable statutory limit           | N.Y. CPLR § 5205 N.Y. Debt. & Cred.<br>Law § 283 |
| Sch                  |                                       | 7<br>g - Miscellaneous clothing                                                       |                                                          |                                                                                     | NY CPLR § 5205                                   |
| Line                 | f<br>cription:<br>from                | -<br>-                                                                                | \$50.00                                                  | \$ 50.00 100% of fair market value, up to any applicable statutory limit            | •                                                |
| Sch                  |                                       | 11<br>- Sectar Watch                                                                  |                                                          |                                                                                     | NY CPLR § 5205                                   |
|                      | f 3 other<br>cription:                | watches                                                                               | \$ <u>50.00</u>                                          | \$ 50.00 ld 100% of fair market value, up to                                        | ·                                                |
| Sch                  | oud.o , , <b>, , ,</b> ,              | 12                                                                                    |                                                          | any applicable statutory limit                                                      | •                                                |
| Brie<br>des          | f<br>cription:                        |                                                                                       | \$                                                       | \$ \$ 100% of fair market value, up to                                              |                                                  |
|                      | from<br>edule A/B:                    |                                                                                       |                                                          | any applicable statutory limit                                                      |                                                  |
| Brie                 | f<br>cription:                        |                                                                                       | \$                                                       | <b>\$</b>                                                                           |                                                  |
| Line                 | from<br>edule A/B:                    |                                                                                       |                                                          | 100% of fair market value, up to any applicable statutory limit                     |                                                  |
| Brie                 | _                                     |                                                                                       | \$                                                       | <u> </u>                                                                            |                                                  |
|                      | from<br>edule A/B:                    |                                                                                       |                                                          | 100% of fair market value, up to any applicable statutory limit                     |                                                  |
| Brie<br>des          | f<br>cription:                        |                                                                                       | \$                                                       | \$100% of fair market value, up to                                                  |                                                  |
|                      | from<br>edule A/B:                    |                                                                                       |                                                          | any applicable statutory limit                                                      | ,                                                |
| Brie<br>des          | f<br>cription:                        |                                                                                       | \$                                                       | \$100% of fair market value, up to                                                  |                                                  |
|                      | from<br>edule A/B:                    |                                                                                       |                                                          | any applicable statutory limit                                                      |                                                  |
| Brie<br>des          | f<br>cription:                        |                                                                                       | \$                                                       | <b>\$</b>                                                                           |                                                  |
|                      | from<br>edule A/B:                    |                                                                                       |                                                          | 100% of fair market value, up to<br>any applicable statutory limit                  |                                                  |
| Brie<br>des          | f<br>cription:                        |                                                                                       | \$                                                       | \$100% of fair market value, up to                                                  |                                                  |
|                      | from<br>edule A/B:                    |                                                                                       |                                                          | any applicable statutory limit                                                      |                                                  |
| Brie<br>des          | f<br>cription:                        |                                                                                       | \$                                                       | \$100% of fair market value, up to                                                  |                                                  |
|                      | from<br>edule A/B:                    |                                                                                       |                                                          | any applicable statutory limit                                                      |                                                  |

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|                                                                                      | Pg 15 of 46_                                                                                                         |                                        |                                        |                   |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------|-------------------|
| Fill in this information to identify your cas                                        | e:                                                                                                                   |                                        |                                        |                   |
| Benjamin Larry Carducci                                                              |                                                                                                                      |                                        |                                        |                   |
| Debtor 1 First Name Middle N                                                         | ame Last Name                                                                                                        |                                        |                                        |                   |
| Debtor 2                                                                             |                                                                                                                      |                                        |                                        |                   |
| (Spouse, if filing) First Name Middle N                                              | ame Last Name                                                                                                        |                                        |                                        |                   |
| United States Bankruptcy Court for the: Southern D                                   | district of New York                                                                                                 |                                        |                                        |                   |
| Case number19-22859                                                                  | . ,                                                                                                                  |                                        | <b>П</b> а                             |                   |
| (If known)                                                                           |                                                                                                                      |                                        | Check  <br>amende                      | if this is an     |
|                                                                                      |                                                                                                                      |                                        | amend                                  | ca ming           |
| Official Form 106D                                                                   |                                                                                                                      |                                        |                                        |                   |
|                                                                                      | W O O                                                                                                                |                                        |                                        |                   |
| Schedule D: Creditors                                                                | s Who Have Claims Secure                                                                                             | ed by Prop                             | erty                                   | 12/15             |
| Be as complete and accurate as possible.                                             | If two married people are filing together, both are ed                                                               | ually responsible f                    | or supplying correc                    | t                 |
| information. If more space is needed, copy additional pages, write your name and cas | y the Additional Page, fill it out, number the entries,                                                              | and attach it to this                  | form. On the top of                    | any               |
| additional pages, write your name and cas                                            | e number (ii known).                                                                                                 |                                        |                                        |                   |
| 1. Do any creditors have claims secured b                                            | y your property?                                                                                                     |                                        |                                        |                   |
| ☐ No. Check this box and submit this form                                            | n to the court with your other schedules. You have noth                                                              | ng else to report on t                 | this form.                             |                   |
| Yes. Fill in all of the information below.                                           |                                                                                                                      |                                        |                                        |                   |
|                                                                                      |                                                                                                                      |                                        |                                        |                   |
| Part 1: List All Secured Claims                                                      |                                                                                                                      |                                        |                                        |                   |
| 2. List all secured claims. If a graditar has m                                      | pera than and appured plaim, list the graditar congretaly                                                            | Column A                               | Column B                               | Column C          |
|                                                                                      | nore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. | Amount of claim                        | Value of collateral that supports this | Unsecured portion |
|                                                                                      | abetical order according to the creditor's name.                                                                     | Do not deduct the value of collateral. | claim                                  | If any            |
| 2.1 Chase Mortgage                                                                   | Describe the average, that account the plains.                                                                       | c 1 400 000 00                         | \$ 0.00                                | \$ 1,400,000.0    |
|                                                                                      | Describe the property that secures the claim:                                                                        | \$_1,400,000.00                        | \$_0.00                                | \$_1,400,000.0    |
| Creditor's Name                                                                      | - \$0.00<br>Cash in bank account                                                                                     |                                        |                                        |                   |
| 700 Kansas Lane                                                                      |                                                                                                                      |                                        |                                        |                   |
| Number Street                                                                        |                                                                                                                      |                                        |                                        |                   |
| Mail Code LA4-6945                                                                   | As of the date you file, the claim is: Check all that apply.                                                         |                                        |                                        |                   |
| Monroe LA 71203                                                                      | Contingent                                                                                                           |                                        |                                        |                   |
| City State ZIP Code                                                                  | Unliquidated                                                                                                         |                                        |                                        |                   |
| Who owes the debt? Check one.                                                        | ☐ Disputed                                                                                                           |                                        |                                        |                   |
| Debtor 1 only                                                                        | Nature of lien. Check all that apply.                                                                                |                                        |                                        |                   |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only                                         | An agreement you made (such as mortgage or secured car loan)                                                         |                                        |                                        |                   |
| At least one of the debtors and another                                              | Statutory lien (such as tax lien, mechanic's lien)                                                                   |                                        |                                        |                   |
| ☐ Check if this claim relates to a                                                   | ☐ Judgment lien from a lawsuit                                                                                       |                                        |                                        |                   |
| community debt                                                                       | Other (including a right to offset)                                                                                  | _                                      |                                        |                   |
| Date debt was incurred 6/2018                                                        | Last 4 digits of account number                                                                                      |                                        |                                        |                   |
| 2.2                                                                                  | Describe the property that secures the claim:                                                                        | \$                                     | \$                                     | \$                |
| Creditor's Name                                                                      |                                                                                                                      |                                        |                                        |                   |
|                                                                                      |                                                                                                                      |                                        |                                        |                   |
| Number Street                                                                        |                                                                                                                      |                                        |                                        |                   |
|                                                                                      | As of the date you file the claim in Check all that apply                                                            |                                        |                                        |                   |
|                                                                                      | As of the date you file, the claim is: Check all that apply.  Contingent                                             |                                        |                                        |                   |
| City State ZIP Code                                                                  | ☐ Unliquidated                                                                                                       |                                        |                                        |                   |
| Who owes the debt? Check one.                                                        | ☐ Disputed                                                                                                           |                                        |                                        |                   |
| Debtor 1 only                                                                        | Nature of lien. Check all that apply.                                                                                |                                        |                                        |                   |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only                                         | ☐ An agreement you made (such as mortgage or secured                                                                 |                                        |                                        |                   |
| At least one of the debtors and another                                              | car loan)                                                                                                            |                                        |                                        |                   |
|                                                                                      | ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit                                  |                                        |                                        |                   |
| LI Check if this claim relates to a community debt                                   | Other (including a right to offset)                                                                                  |                                        |                                        |                   |
| Date debt was incurred                                                               | Last 4 digits of account number                                                                                      | -                                      |                                        |                   |
| Add the dollar value of your entries in                                              | Column A on this page. Write that number here:                                                                       | \$ <u>1,400,000.00</u>                 |                                        |                   |

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Debtor 1

Benjamin Larry Carducci Middle Name

Last Name

Case number (if known) 19-22859

| Pa       | Part 2: List Others to Be Notified for a Debt That You Already Listed |                                    |                                                          |                                                                                                                                                                                                                   |  |  |
|----------|-----------------------------------------------------------------------|------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| ag<br>yo | ency is trying to collect from you for a debt                         | you owe to sor<br>e debts that you | neone else, list the cre<br>I listed in Part 1, list the | ot that you already listed in Part 1. For example, if a collection ditor in Part 1, and then list the collection agency here. Similarly, if e additional creditors here. If you do not have additional persons to |  |  |
|          |                                                                       |                                    |                                                          | On which line in Part 1 did you enter the creditor?                                                                                                                                                               |  |  |
|          | N                                                                     |                                    |                                                          | Last 4 digits of account number                                                                                                                                                                                   |  |  |
|          | Name                                                                  |                                    |                                                          | •                                                                                                                                                                                                                 |  |  |
|          | Street                                                                |                                    |                                                          |                                                                                                                                                                                                                   |  |  |
|          |                                                                       |                                    |                                                          |                                                                                                                                                                                                                   |  |  |
|          |                                                                       |                                    |                                                          |                                                                                                                                                                                                                   |  |  |
|          | City                                                                  | State                              | ZIP Code                                                 |                                                                                                                                                                                                                   |  |  |
|          |                                                                       |                                    |                                                          | On which line in Part 1 did you enter the creditor?                                                                                                                                                               |  |  |
|          | Name                                                                  |                                    |                                                          | Last 4 digits of account number                                                                                                                                                                                   |  |  |
|          |                                                                       |                                    |                                                          |                                                                                                                                                                                                                   |  |  |
|          | Street                                                                |                                    |                                                          |                                                                                                                                                                                                                   |  |  |
|          |                                                                       |                                    |                                                          |                                                                                                                                                                                                                   |  |  |
|          |                                                                       |                                    |                                                          |                                                                                                                                                                                                                   |  |  |
| _        | City                                                                  | State                              | ZIP Code                                                 |                                                                                                                                                                                                                   |  |  |
|          |                                                                       |                                    |                                                          | On which line in Part 1 did you enter the creditor?                                                                                                                                                               |  |  |
|          | Name                                                                  |                                    |                                                          | Last 4 digits of account number                                                                                                                                                                                   |  |  |
|          |                                                                       |                                    |                                                          |                                                                                                                                                                                                                   |  |  |
|          | Street                                                                |                                    |                                                          |                                                                                                                                                                                                                   |  |  |
|          |                                                                       |                                    |                                                          |                                                                                                                                                                                                                   |  |  |
|          |                                                                       |                                    |                                                          |                                                                                                                                                                                                                   |  |  |
|          | City                                                                  | State                              | ZIP Code                                                 | On which line in Part 1 did you enter the avaditor?                                                                                                                                                               |  |  |
|          |                                                                       |                                    |                                                          | On which line in Part 1 did you enter the creditor?                                                                                                                                                               |  |  |
|          | Name                                                                  |                                    |                                                          | Last 4 digits of account number                                                                                                                                                                                   |  |  |
|          | Street                                                                |                                    |                                                          |                                                                                                                                                                                                                   |  |  |
|          | Sireet                                                                |                                    |                                                          |                                                                                                                                                                                                                   |  |  |
|          |                                                                       |                                    |                                                          |                                                                                                                                                                                                                   |  |  |
|          | City                                                                  | State                              | ZIP Code                                                 |                                                                                                                                                                                                                   |  |  |
|          | ,                                                                     |                                    |                                                          | On which line in Part 1 did you enter the creditor?                                                                                                                                                               |  |  |
|          | Nama                                                                  |                                    |                                                          | Last 4 digits of account number                                                                                                                                                                                   |  |  |
|          | Name                                                                  |                                    |                                                          |                                                                                                                                                                                                                   |  |  |
|          | Street                                                                |                                    |                                                          |                                                                                                                                                                                                                   |  |  |
|          |                                                                       |                                    |                                                          |                                                                                                                                                                                                                   |  |  |
|          |                                                                       |                                    |                                                          |                                                                                                                                                                                                                   |  |  |
|          | City                                                                  | State                              | ZIP Code                                                 |                                                                                                                                                                                                                   |  |  |
|          |                                                                       |                                    |                                                          | On which line in Part 1 did you enter the creditor?                                                                                                                                                               |  |  |
|          | Name                                                                  |                                    |                                                          | Last 4 digits of account number                                                                                                                                                                                   |  |  |
|          |                                                                       |                                    |                                                          |                                                                                                                                                                                                                   |  |  |
|          | Street                                                                |                                    |                                                          |                                                                                                                                                                                                                   |  |  |
|          |                                                                       |                                    |                                                          |                                                                                                                                                                                                                   |  |  |
|          |                                                                       |                                    |                                                          |                                                                                                                                                                                                                   |  |  |
|          | City                                                                  | State                              | ZIP Code                                                 |                                                                                                                                                                                                                   |  |  |

<u>19-22859-rdd Doc 3 Filed 04/24/19 Entered 04/</u>24/19 14:57:43 Main Document Fill in this information to identify your case: Benjamin Larry Carducci Debtor 1 First Name Middle Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Southern District of New York Check if this is an 19-22859 amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. ☐ Yes 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) **Priority** Nonpriority amount amount Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other. Specify Is the claim subject to offset?  $\square$  No 2.2 Last 4 digits of account number When was the debt incurred? Priority Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 2 only ☐ Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another ☐ Claims for death or personal injury while you were intoxicated Check if this claim is for a community debt Other Specify Is the claim subject to offset?

\_\_\_ No Yes

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| Pa  | rt 2: List All of Your NONPRIORITY Uns                                                                                                                                      | secured Claims       |                                                                                                                                                                                               |                     |  |  |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--|--|
| 3.  | Do any creditors have nonpriority unsecured claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes |                      |                                                                                                                                                                                               |                     |  |  |
|     | nonpriority unsecured claim, list the creditor separ                                                                                                                        | ately for each claim | rder of the creditor who holds each claim. If a creditor has For each claim listed, identify what type of claim it is. Do not at the other creditors in Part 3.If you have more than three no | list claims already |  |  |
|     | Amex Departemnt Store                                                                                                                                                       |                      |                                                                                                                                                                                               | Total claim         |  |  |
| 4.1 |                                                                                                                                                                             |                      | Last 4 digits of account number                                                                                                                                                               |                     |  |  |
|     | Nonpriority Creditor's Name                                                                                                                                                 |                      | •                                                                                                                                                                                             | \$ <u>0.00</u>      |  |  |
|     | PO box 8218                                                                                                                                                                 |                      | When was the debt incurred?                                                                                                                                                                   |                     |  |  |
|     | Number Street                                                                                                                                                               |                      |                                                                                                                                                                                               |                     |  |  |
|     |                                                                                                                                                                             |                      | As of the date you file, the claim is: Check all that apply.                                                                                                                                  |                     |  |  |
|     | Mason OH                                                                                                                                                                    | 45040                | Contingent                                                                                                                                                                                    |                     |  |  |
|     | City State                                                                                                                                                                  | ZIP Code             | ☐ Unliquidated                                                                                                                                                                                |                     |  |  |
|     | Who incurred the debt? Check one.                                                                                                                                           |                      | ☐ Disputed                                                                                                                                                                                    |                     |  |  |
|     | ☑ Debtor 1 only ☐ Debtor 2 only                                                                                                                                             |                      | Type of NONPRIORITY unsecured claim:                                                                                                                                                          |                     |  |  |
|     | Debtor 1 and Debtor 2 only                                                                                                                                                  |                      | Student loans                                                                                                                                                                                 |                     |  |  |
|     | At least one of the debtors and another                                                                                                                                     |                      | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                                                                                       |                     |  |  |
|     | ☐ Check if this claim is for a community debt                                                                                                                               |                      | Debts to pension or profit-sharing plans, and other similar debts                                                                                                                             |                     |  |  |
|     | Is the claim subject to offset?                                                                                                                                             |                      | Other. Specify                                                                                                                                                                                |                     |  |  |
|     | ✓ No                                                                                                                                                                        |                      |                                                                                                                                                                                               |                     |  |  |
|     | Yes                                                                                                                                                                         |                      |                                                                                                                                                                                               |                     |  |  |
| 4.2 | Bank of America                                                                                                                                                             |                      | Last 4 digits of account number                                                                                                                                                               | <u>\$11,229.00</u>  |  |  |
|     | Nonpriority Creditor's Name                                                                                                                                                 |                      | When was the debt incurred?                                                                                                                                                                   |                     |  |  |
|     | PO Box 982238                                                                                                                                                               |                      |                                                                                                                                                                                               |                     |  |  |
|     | Number Street                                                                                                                                                               |                      | As of the date you file, the claim is: Check all that apply.                                                                                                                                  |                     |  |  |
|     | EL Paso TX                                                                                                                                                                  | 79998-2235           | ☐ Contingent                                                                                                                                                                                  |                     |  |  |
|     | City State                                                                                                                                                                  | ZIP Code             | Unliquidated                                                                                                                                                                                  |                     |  |  |
|     | Who incurred the debt? Check one.  Debtor 1 only                                                                                                                            |                      | Disputed                                                                                                                                                                                      |                     |  |  |
|     | Debtor 2 only                                                                                                                                                               |                      | Type of NONPRIORITY unsecured claim:  Student loans                                                                                                                                           |                     |  |  |
|     | Debtor 1 and Debtor 2 only                                                                                                                                                  |                      | Obligations arising out of a separation agreement or divorce                                                                                                                                  |                     |  |  |
|     | At least one of the debtors and another                                                                                                                                     |                      | that you did not report as priority claims                                                                                                                                                    |                     |  |  |
|     | ☐ Check if this claim is for a community debt                                                                                                                               |                      | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify                                                                                                          |                     |  |  |
|     | Is the claim subject to offset?                                                                                                                                             |                      | — Outer, Specify                                                                                                                                                                              |                     |  |  |
|     | ✓ No                                                                                                                                                                        |                      |                                                                                                                                                                                               |                     |  |  |
| 4.3 | ☐ Yes<br>Bank of America                                                                                                                                                    |                      | 40040004000****                                                                                                                                                                               |                     |  |  |
|     |                                                                                                                                                                             |                      | Last 4 digits of account number 426429394889****                                                                                                                                              | \$ <u>15,569.00</u> |  |  |
|     | Nonpriority Creditor's Name                                                                                                                                                 |                      | When was the debt incurred?                                                                                                                                                                   |                     |  |  |
|     | PO Box 982238  Number Street                                                                                                                                                |                      |                                                                                                                                                                                               |                     |  |  |
|     |                                                                                                                                                                             |                      | As of the date you file, the claim is: Check all that apply.                                                                                                                                  |                     |  |  |
|     | El Paso TX                                                                                                                                                                  | 7998-2235            | Contingent                                                                                                                                                                                    |                     |  |  |
|     | City State Who incurred the debt? Check one.                                                                                                                                | ZIP Code             | Unliquidated                                                                                                                                                                                  |                     |  |  |
|     | ☑ Debtor 1 only                                                                                                                                                             |                      | Disputed                                                                                                                                                                                      |                     |  |  |
|     | Debtor 2 only                                                                                                                                                               |                      | Type of NONPRIORITY unsecured claim:                                                                                                                                                          |                     |  |  |
|     | Debtor 1 and Debtor 2 only                                                                                                                                                  |                      | Student loans  Obligations arising out of a separation agreement or divorce                                                                                                                   |                     |  |  |
|     | ☐ At least one of the debtors and another                                                                                                                                   |                      | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                                                                                       |                     |  |  |
|     | $\square$ Check if this claim is for a community debt                                                                                                                       |                      | Debts to pension or profit-sharing plans, and other similar debts                                                                                                                             |                     |  |  |
|     | Is the claim subject to offset?                                                                                                                                             |                      | Other. Specify                                                                                                                                                                                |                     |  |  |
|     | ✓ No                                                                                                                                                                        |                      |                                                                                                                                                                                               |                     |  |  |
|     | Yes                                                                                                                                                                         |                      |                                                                                                                                                                                               |                     |  |  |

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| irst Name | Middle Name | Last Name |
|-----------|-------------|-----------|

| Par    | t 2: List All of Your NONPRIORITY Unsecur                                                                      | red Claims                                                                                                                                                                                                                                 |                         |
|--------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| [      | Do any creditors have nonpriority unsecured claims No. You have nothing to report in this part. Submit the Yes |                                                                                                                                                                                                                                            |                         |
| r<br>i | nonpriority unsecured claim, list the creditor separately f                                                    | Iphabetical order of the creditor who holds each claim. If a creditor has for each claim. For each claim listed, identify what type of claim it is. Do not icular claim, list the other creditors in Part 3.If you have more than three no | list claims already     |
|        |                                                                                                                |                                                                                                                                                                                                                                            | Total claim             |
| 4.4    | Chase Card                                                                                                     |                                                                                                                                                                                                                                            |                         |
|        | Nonpriority Creditor's Name                                                                                    | Last 4 digits of account number                                                                                                                                                                                                            | \$ 10,548.00            |
|        | PO Box 15369                                                                                                   | When was the debt incurred?                                                                                                                                                                                                                |                         |
|        | Number Street                                                                                                  | <del></del>                                                                                                                                                                                                                                |                         |
|        | Wilmington DE 1985                                                                                             | As of the date you file, the claim is: Check all that apply.                                                                                                                                                                               |                         |
|        | City State ZIP C                                                                                               |                                                                                                                                                                                                                                            |                         |
|        | Who incurred the debt? Check one.                                                                              | Unliquidated                                                                                                                                                                                                                               |                         |
|        | Debtor 1 only                                                                                                  | Disputed                                                                                                                                                                                                                                   |                         |
|        | Debtor 2 only                                                                                                  | Type of NONPRIORITY unsecured claim:  Student loans                                                                                                                                                                                        |                         |
|        | Debtor 1 and Debtor 2 only                                                                                     | Obligations arising out of a separation agreement or divorce                                                                                                                                                                               |                         |
|        | At least one of the debtors and another                                                                        | that you did not report as priority claims                                                                                                                                                                                                 |                         |
|        | ☐ Check if this claim is for a community debt                                                                  | <ul><li>□ Debts to pension or profit-sharing plans, and other similar debts</li><li>☑ Other. Specify</li></ul>                                                                                                                             |                         |
|        | Is the claim subject to offset?                                                                                |                                                                                                                                                                                                                                            |                         |
|        | ✓ No ☐ Yes                                                                                                     |                                                                                                                                                                                                                                            |                         |
| 4.5    | Chase Card                                                                                                     | Last 4 digits of account number                                                                                                                                                                                                            | <sub>\$</sub> 10,698.00 |
|        |                                                                                                                | When was the debt incurred?                                                                                                                                                                                                                | Ψ_10,000100             |
|        | Nonpriority Creditor's Name PO BOx 15369                                                                       |                                                                                                                                                                                                                                            |                         |
|        | Number Street                                                                                                  | As of the date you file, the claim is: Check all that apply.                                                                                                                                                                               |                         |
|        |                                                                                                                |                                                                                                                                                                                                                                            |                         |
|        | Wilmington DE 1985 City State ZIPC                                                                             |                                                                                                                                                                                                                                            |                         |
|        | Who incurred the debt? Check one.                                                                              | Disputed                                                                                                                                                                                                                                   |                         |
|        | Debtor 1 only                                                                                                  | Type of NONPRIORITY unsecured claim:                                                                                                                                                                                                       |                         |
|        | Debtor 2 only Debtor 1 and Debtor 2 only                                                                       | ☐ Student loans                                                                                                                                                                                                                            |                         |
|        | ☐ At least one of the debtors and another                                                                      | Obligations arising out of a separation agreement or divorce                                                                                                                                                                               |                         |
|        | ☐ Check if this claim is for a community debt                                                                  | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts                                                                                                                              |                         |
|        | •                                                                                                              | ☑ Other. Specify                                                                                                                                                                                                                           |                         |
|        | Is the claim subject to offset?                                                                                |                                                                                                                                                                                                                                            |                         |
|        | Yes                                                                                                            |                                                                                                                                                                                                                                            |                         |
| 4.6    | Portfolio Recovery                                                                                             | Last 4 digits of account number                                                                                                                                                                                                            | <sub>\$</sub> 9,576.00  |
|        | Nonpriority Creditor's Name                                                                                    | When was the debt incurred?                                                                                                                                                                                                                | Ψ <u>σ,στστσ</u>        |
|        | 120 Corporate Blv                                                                                              |                                                                                                                                                                                                                                            |                         |
|        | Number Street<br>Ste 100                                                                                       | As of the date you file, the claim is: Check all that apply.                                                                                                                                                                               |                         |
|        | Norfolk VA 2350                                                                                                |                                                                                                                                                                                                                                            |                         |
|        |                                                                                                                | Code                                                                                                                                                                                                                                       |                         |
|        | Who incurred the debt? Check one.                                                                              | Unliquidated Disputed                                                                                                                                                                                                                      |                         |
|        | ✓ Debtor 1 only  Debtor 2 only                                                                                 | Type of NONPRIORITY unsecured claim:                                                                                                                                                                                                       |                         |
|        | Debtor 1 and Debtor 2 only                                                                                     | Student loans                                                                                                                                                                                                                              |                         |
|        | At least one of the debtors and another                                                                        | Obligations arising out of a separation agreement or divorce                                                                                                                                                                               |                         |
|        | ☐ Check if this claim is for a community debt                                                                  | that you did not report as priority claims                                                                                                                                                                                                 |                         |
|        | •                                                                                                              | <ul><li>☐ Debts to pension or profit-sharing plans, and other similar debts</li><li>✓ Other. Specify</li></ul>                                                                                                                             |                         |
|        | Is the claim subject to offset?                                                                                | Carlot. Opcomy                                                                                                                                                                                                                             |                         |
|        | Yes                                                                                                            |                                                                                                                                                                                                                                            |                         |

# 

| irst Name | Middle Name | Last Name | Pg 20 of 4 |
|-----------|-------------|-----------|------------|

| ı u | Tare 2. List Air of Tour North Horiti T offsecured offamilis                                     |                            |                       |                                                                                                                                                                                                 |                         |  |
|-----|--------------------------------------------------------------------------------------------------|----------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--|
| 3.  | Do any creditors have nonpriority ur  No. You have nothing to report in the Yes                  |                            |                       |                                                                                                                                                                                                 |                         |  |
|     | nonpriority unsecured claim, list the cre                                                        | ditor separ<br>ditor holds | ately for each claim. | rder of the creditor who holds each claim. If a creditor has . For each claim listed, identify what type of claim it is. Do not st the other creditors in Part 3.If you have more than three no | list claims already     |  |
|     |                                                                                                  |                            |                       |                                                                                                                                                                                                 | Total claim             |  |
| 4.7 | WF Financial Cards                                                                               |                            |                       |                                                                                                                                                                                                 |                         |  |
| 7.7 | Nonpriority Creditor's Name                                                                      |                            |                       | Last 4 digits of account number                                                                                                                                                                 | <sub>\$</sub> 11,562.00 |  |
|     | PO BOx 14517                                                                                     |                            |                       | When was the debt incurred?                                                                                                                                                                     | <u> </u>                |  |
|     | Number Street                                                                                    |                            |                       |                                                                                                                                                                                                 |                         |  |
|     | CSCL DSP TM MAC N8235-04MP                                                                       |                            |                       |                                                                                                                                                                                                 |                         |  |
|     | Des Moines                                                                                       | IA                         | 50306                 | As of the date you file, the claim is: Check all that apply.                                                                                                                                    |                         |  |
|     | City                                                                                             | State                      | ZIP Code              | ☐ Contingent                                                                                                                                                                                    |                         |  |
|     | Who incurred the debt? Check one.                                                                |                            |                       | Unliquidated                                                                                                                                                                                    |                         |  |
|     | Debtor 1 only                                                                                    |                            |                       | Disputed                                                                                                                                                                                        |                         |  |
|     | Debtor 2 only                                                                                    |                            |                       | Type of NONPRIORITY unsecured claim:                                                                                                                                                            |                         |  |
|     |                                                                                                  |                            |                       | ☐ Student loans                                                                                                                                                                                 |                         |  |
|     | <ul><li>☐ Debtor 1 and Debtor 2 only</li><li>☐ At least one of the debtors and another</li></ul> |                            |                       | Obligations arising out of a separation agreement or divorce                                                                                                                                    |                         |  |
|     | At least one of the debtors and another                                                          |                            |                       | that you did not report as priority claims                                                                                                                                                      |                         |  |
|     | ☐ Check if this claim is for a commu                                                             | nity debt                  |                       | Debts to pension or profit-sharing plans, and other similar debts                                                                                                                               |                         |  |
|     | Is the claim subject to offset?                                                                  |                            |                       | ✓ Other. Specify                                                                                                                                                                                |                         |  |
|     | ✓ No                                                                                             |                            |                       |                                                                                                                                                                                                 |                         |  |
|     | Yes                                                                                              |                            |                       |                                                                                                                                                                                                 |                         |  |
|     |                                                                                                  |                            |                       | Last 4 digits of account number                                                                                                                                                                 | \$                      |  |
|     |                                                                                                  |                            |                       | When was the debt incurred?                                                                                                                                                                     | <u> </u>                |  |
|     | Nonpriority Creditor's Name                                                                      |                            |                       | THICH Was the dest incurred.                                                                                                                                                                    |                         |  |
|     | Number Street                                                                                    |                            |                       |                                                                                                                                                                                                 |                         |  |
|     | Number Street                                                                                    |                            |                       | As of the date you file, the claim is: Check all that apply.                                                                                                                                    |                         |  |
|     |                                                                                                  |                            |                       | Contingent                                                                                                                                                                                      |                         |  |
|     | City                                                                                             | State                      | ZIP Code              | Unliquidated                                                                                                                                                                                    |                         |  |
|     | Who incurred the debt? Check one.                                                                | Otato                      | Zii Oodc              | Disputed                                                                                                                                                                                        |                         |  |
|     | Debtor 1 only                                                                                    |                            |                       | Type of NONPRIORITY unsecured claim:                                                                                                                                                            |                         |  |
|     | Debtor 2 only                                                                                    |                            |                       | Student loans                                                                                                                                                                                   |                         |  |
|     | Debtor 1 and Debtor 2 only                                                                       |                            |                       | ☐ Obligations arising out of a separation agreement or divorce                                                                                                                                  |                         |  |
|     | At least one of the debtors and another                                                          |                            |                       | that you did not report as priority claims                                                                                                                                                      |                         |  |
|     | ☐ Check if this claim is for a commu                                                             | nity debt                  |                       | Debts to pension or profit-sharing plans, and other similar debts                                                                                                                               |                         |  |
|     | Is the claim subject to offset?                                                                  | -                          |                       | Other. Specify                                                                                                                                                                                  |                         |  |
|     | No                                                                                               |                            |                       |                                                                                                                                                                                                 |                         |  |
|     | Yes                                                                                              |                            |                       |                                                                                                                                                                                                 |                         |  |
|     |                                                                                                  |                            |                       | Last 4 digits of account number                                                                                                                                                                 |                         |  |
|     |                                                                                                  |                            |                       | When was the debt incurred?                                                                                                                                                                     | \$                      |  |
|     | Nonpriority Creditor's Name                                                                      |                            |                       | when was the debt incurred?                                                                                                                                                                     |                         |  |
|     | Number Street                                                                                    |                            |                       |                                                                                                                                                                                                 |                         |  |
|     |                                                                                                  |                            |                       | As of the date you file, the claim is: Check all that apply.                                                                                                                                    |                         |  |
|     |                                                                                                  |                            |                       | ☐ Contingent                                                                                                                                                                                    |                         |  |
|     | City Who incurred the debt? Check one.                                                           | State                      | ZIP Code              | Unliquidated                                                                                                                                                                                    |                         |  |
|     | Debtor 1 only                                                                                    |                            |                       | Disputed                                                                                                                                                                                        |                         |  |
|     | Debtor 2 only                                                                                    |                            |                       | Type of NONPRIORITY unsecured claim:                                                                                                                                                            |                         |  |
|     | Debtor 1 and Debtor 2 only                                                                       |                            |                       | Student loans                                                                                                                                                                                   |                         |  |
|     | At least one of the debtors and another                                                          |                            |                       | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce                                                                                                                  |                         |  |
|     | At least one of the deptors and another                                                          |                            |                       | that you did not report as priority claims                                                                                                                                                      |                         |  |
|     | ☐ Check if this claim is for a commu                                                             | nity debt                  |                       | Debts to pension or profit-sharing plans, and other similar debts                                                                                                                               |                         |  |
|     | Is the claim subject to offset?                                                                  |                            |                       | ☐ Other. Specify                                                                                                                                                                                |                         |  |
|     | □ No                                                                                             |                            |                       |                                                                                                                                                                                                 |                         |  |
|     | Yes                                                                                              |                            |                       |                                                                                                                                                                                                 |                         |  |
|     |                                                                                                  |                            |                       |                                                                                                                                                                                                 |                         |  |

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Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|              |                                                                                                             |     | Total claim |           |
|--------------|-------------------------------------------------------------------------------------------------------------|-----|-------------|-----------|
| Total claims | 6a. Domestic support obligations                                                                            | 6a. | \$          | 0.00      |
| from Part 1  | 6b. Taxes and certain other debts you owe the government                                                    | 6b. | \$          | 0.00      |
|              | 6c. Claims for death or personal injury while you were intoxicated                                          | 6c. | \$          | 0.00      |
|              | 6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.                          | 6d. | + \$        | 0.00      |
|              | 6e. <b>Total.</b> Add lines 6a through 6d.                                                                  | 6e. | \$          | 0.00      |
|              |                                                                                                             |     | Total claim |           |
| Total claims | 6f. Student loans                                                                                           | 6f. | \$          | 0.00      |
| from Part 2  | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims |     | \$          | 0.00      |
|              | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$          | 0.00      |
|              | Other. Add all other nonpriority unsecured claims.     Write that amount here.                              | 6i. | + \$        | 69,182.00 |
|              | 6j. <b>Total.</b> Add lines 6f through 6i.                                                                  | 6j. | \$          | 69,182.00 |

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| Fill in this in        | Fill in this information to identify your case: |                                     |            |  |  |
|------------------------|-------------------------------------------------|-------------------------------------|------------|--|--|
| Debtor                 | Benjamin Larry Car                              |                                     |            |  |  |
| 20210.                 | First Name                                      | Middle Name                         | Last Name  |  |  |
| Debtor 2               |                                                 |                                     |            |  |  |
| (Spouse If filing)     | First Name                                      | Middle Name                         | Last Name  |  |  |
| United States          | Bankruptcy Court for                            | r the Southern District of New York |            |  |  |
| Case number            | 19-22859                                        |                                     | <b>\</b> , |  |  |
| Case number (If known) |                                                 |                                     |            |  |  |
|                        |                                                 |                                     |            |  |  |
|                        |                                                 |                                     |            |  |  |

#### Official Form 106G

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

| 1. | Do you have any executory contracts or unexpired leases?                                                                              |
|----|---------------------------------------------------------------------------------------------------------------------------------------|
|    | No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.         |
|    | Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B) |

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or company with whom | you h | ave the contract or lease | State what the contract or lease is for |
|-----|-----------------------------|-------|---------------------------|-----------------------------------------|
| 2.1 |                             |       |                           |                                         |
|     | Name                        |       |                           |                                         |
|     | Street                      |       |                           |                                         |
|     | City St                     | tate  | ZIP Code                  | -                                       |
| 2.2 |                             |       |                           |                                         |
|     | Name                        |       |                           |                                         |
|     | Street                      |       |                           |                                         |
|     | City St                     | tate  | ZIP Code                  | -                                       |
| 2.3 |                             |       |                           |                                         |
|     | Name                        |       |                           |                                         |
|     | Street                      |       |                           |                                         |
|     | City St.                    | tate  | ZIP Code                  |                                         |
| 2.4 | •                           |       |                           |                                         |
|     | Name                        |       |                           |                                         |
|     | Street                      |       |                           |                                         |
|     | City St                     | tate  | ZIP Code                  |                                         |
| 2.5 |                             |       |                           |                                         |
|     | Name                        |       |                           |                                         |
|     | Street                      |       |                           |                                         |
|     | City St                     | tate  | ZIP Code                  | -                                       |

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|                  |                                 |                                                                  |                                            | Da 23 of 16                      |                                                                                                                                                   |
|------------------|---------------------------------|------------------------------------------------------------------|--------------------------------------------|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Fill i           | n this in                       | formation to identif                                             | y your case:                               |                                  |                                                                                                                                                   |
|                  |                                 | Benjamin Larry Cardu                                             | ıcci                                       |                                  |                                                                                                                                                   |
| Debto            | or 1                            | First Name                                                       | Middle Name                                | Last Name                        |                                                                                                                                                   |
| Debto            | or 2                            |                                                                  |                                            |                                  |                                                                                                                                                   |
| (Spou            | se, if filing)                  | First Name                                                       | Middle Name                                | Last Name                        |                                                                                                                                                   |
| Unite            | d States E                      | Bankruptcy Court for the                                         | e: Southern District of New                | York                             |                                                                                                                                                   |
| 0                |                                 | 19-22859                                                         |                                            | •                                |                                                                                                                                                   |
| (If kno          | number<br>own)                  |                                                                  |                                            |                                  | Check if this is an                                                                                                                               |
|                  |                                 |                                                                  |                                            |                                  | amended filing                                                                                                                                    |
| ~ · · ·          | –                               |                                                                  |                                            |                                  | 9                                                                                                                                                 |
| Offic            | cial F                          | form 106H                                                        |                                            |                                  |                                                                                                                                                   |
| Sch              | nedi                            | ıle H. You                                                       | r Codebtor                                 | 9                                | 12/15                                                                                                                                             |
| 001              | icac                            | 110 111 100                                                      | - Ocac Bioi                                |                                  | 12/13                                                                                                                                             |
| and nu<br>case r | umber ti<br>number<br>o you ha  | ne entries in the bo<br>(if known). Answer                       | xes on the left. Attach<br>every question. |                                  | f more space is needed, copy the Additional Page, fill it out, rage. On the top of any Additional Pages, write your name and as a codebtor.)      |
|                  | Yes                             |                                                                  |                                            |                                  |                                                                                                                                                   |
| 2 W              | _                               | e last 8 vears have                                              | vou lived in a commu                       | nity nronerty state or territor  | y? (Community property states and territories include                                                                                             |
|                  |                                 | •                                                                | •                                          | exico, Puerto Rico, Texas, Wa    | • ` , , , ,                                                                                                                                       |
| Γ                | _ `                             | o to line 3.                                                     | ,                                          |                                  | ,                                                                                                                                                 |
|                  | _                               |                                                                  | mer spouse, or legal equ                   | ivalent live with you at the tim | e?                                                                                                                                                |
| _                |                                 |                                                                  | nor opodoo, or logal oqu                   | avaione avo wan you at allo am   | •                                                                                                                                                 |
|                  | H                               |                                                                  | situatata ar tarritaru didu                | ou live?                         | Fill in the name and current address of that name                                                                                                 |
|                  | L 16                            | es. In which commun                                              | inty state or territory did y              | you live?                        | Fill in the name and current address of that person.                                                                                              |
|                  |                                 |                                                                  |                                            |                                  |                                                                                                                                                   |
|                  | N                               | ame of your spouse, forme                                        | er spouse, or legal equivalent             |                                  | _                                                                                                                                                 |
|                  |                                 |                                                                  |                                            |                                  |                                                                                                                                                   |
|                  | N                               | umber Street                                                     |                                            |                                  | _                                                                                                                                                 |
|                  |                                 |                                                                  |                                            |                                  |                                                                                                                                                   |
|                  | C                               | ty                                                               | State                                      | ZIP Code                         | _                                                                                                                                                 |
| s<br>S<br>S      | hown in<br>Schedule<br>Schedule | line 2 again as a c<br>D (Official Form 10<br>E/F, or Schedule ( | odebtor only if that per                   | son is a guarantor or cosign     | or if your spouse is filing with you. List the person ner. Make sure you have listed the creditor on dule G (Official Form 106G). Use Schedule D, |
|                  | Column                          | 1: Your codebtor                                                 |                                            |                                  | Column 2: The creditor to whom you owe the debt                                                                                                   |
|                  |                                 |                                                                  |                                            |                                  | Check all schedules that apply:                                                                                                                   |
| 3.1              |                                 |                                                                  |                                            |                                  |                                                                                                                                                   |
|                  | Name                            |                                                                  |                                            |                                  | Schedule D, line                                                                                                                                  |
|                  | 7401110                         |                                                                  |                                            |                                  | Schedule E/F, line                                                                                                                                |
|                  | Street                          |                                                                  |                                            |                                  | Schedule G, line                                                                                                                                  |
|                  |                                 |                                                                  |                                            |                                  |                                                                                                                                                   |
|                  | City                            |                                                                  | State                                      | ZIP Code                         |                                                                                                                                                   |
| 3.2              |                                 |                                                                  |                                            |                                  |                                                                                                                                                   |
|                  | Name                            |                                                                  |                                            |                                  | Schedule D, line                                                                                                                                  |
|                  |                                 |                                                                  |                                            |                                  | Schedule E/F, line                                                                                                                                |
|                  | Street                          |                                                                  |                                            |                                  | Schedule G, line                                                                                                                                  |
|                  |                                 |                                                                  |                                            |                                  |                                                                                                                                                   |
|                  | City                            |                                                                  | State                                      | ZIP Code                         |                                                                                                                                                   |
| 3 3              |                                 |                                                                  |                                            |                                  |                                                                                                                                                   |

Official Form 106H Schedule H: Your Codebtors page 1 of 1

ZIP Code

State

Name

Street

City

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

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| Fill in this information to identify your case:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                               |                                                     |                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------------------|
| Benjamin Larry Carducci                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                               |                                                     |                                                                                   |
| First Name Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Last Name                                                     |                                                     |                                                                                   |
| Debtor 2 (Spouse, if filing) First Name Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Last Name                                                     |                                                     |                                                                                   |
| United States Bankruptcy Court for the: _ Southern Distric                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | t of New York                                                 |                                                     |                                                                                   |
| Case number 19-22859                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ,                                                             | Check if the                                        | nis is:                                                                           |
| (If known)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               |                                                     | ended filing                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                               |                                                     | element showing postpetition chapter 13                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                               | income                                              | e as of the following date:                                                       |
| Official Form 106I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                               | MM / D                                              | D / YYYY                                                                          |
| Schedule I: Your Incor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | me                                                            |                                                     | 12/15                                                                             |
| Be as complete and accurate as possible. If two m supplying correct information. If you are married a lf you are separated and your spouse is not filing a separate sheet to this form. On the top of any addi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | and not filing jointly, and you with you, do not include info | r spouse is living with y<br>rmation about your spo | ou, include information about your spouse. use. If more space is needed, attach a |
| Tare 1. Besonde Employment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               |                                                     |                                                                                   |
| Fill in your employment information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Debtor 1                                                      |                                                     | Debtor 2 or non-filing spouse                                                     |
| If you have more than one job, attach a separate page with information about additional employers.  Employment s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | tatus ☐ Employed ✓ Not employe                                | d                                                   | ☐ Employed ☑ Not employed                                                         |
| Include part-time, seasonal, or self-employed work.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                               |                                                     |                                                                                   |
| Occupation may include student or homemaker, if it applies.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                               |                                                     |                                                                                   |
| Employer's na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | me                                                            |                                                     |                                                                                   |
| Employer's ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                               |                                                     |                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Number Street                                                 |                                                     | Number Street                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                               |                                                     |                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                               |                                                     |                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                               |                                                     |                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | City                                                          | State ZIP Code                                      | City State ZIP Code                                                               |
| How long emp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | loyed there?                                                  |                                                     |                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                               |                                                     |                                                                                   |
| Part 2: Give Details About Monthly Inco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | me                                                            |                                                     |                                                                                   |
| Estimate monthly income as of the date you file spouse unless you are separated.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | e this form. If you have nothing                              | ng to report for any line, wr                       | ite \$0 in the space. Include your non-filing                                     |
| If you or your non-filing spouse have more than on below. If you need more space, attach a separate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                               | mation for all employers fo                         | or that person on the lines                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                               | For Debtor 1                                        | For Debtor 2 or non-filing spouse                                                 |
| List monthly gross wages, salary, and commis deductions). If not paid monthly, calculate what the desired commission of the commissio |                                                               | 2. \$                                               | \$                                                                                |
| 3. Estimate and list monthly overtime pay.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               | 3. <b>+</b> \$                                      | + \$                                                                              |
| 4. Calculate gross income. Add line 2 + line 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                               | 4. \$                                               | \$                                                                                |

Official Form 106l Schedule I: Your Income page 1

Debtor 1

19 Bergamin rearry Doc 3ci Filed 04/24/19 Entered 04/24/19 14:57:43 Main Document First Name Middle Name Last Name Pg 25 of 46

|             |                                                                                                                                                                                                                                                                            |             | For Debtor 1           | For Debtor 2 or non-filing spouse |                      |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------|-----------------------------------|----------------------|
| (           | Copy line 4 here                                                                                                                                                                                                                                                           | <b>▶</b> 4. | \$                     | \$                                |                      |
| 5. <b>L</b> | List all payroll deductions:                                                                                                                                                                                                                                               |             |                        |                                   |                      |
|             | 5a. Tax, Medicare, and Social Security deductions                                                                                                                                                                                                                          | 5a.         | \$                     | \$                                |                      |
|             | 5b. Mandatory contributions for retirement plans                                                                                                                                                                                                                           | 5b.         | \$                     | \$                                |                      |
|             | 5c. Voluntary contributions for retirement plans                                                                                                                                                                                                                           | 5c.         | \$                     | \$                                |                      |
|             | 5d. Required repayments of retirement fund loans                                                                                                                                                                                                                           | 5d.         | \$                     | \$                                |                      |
|             | 5e. Insurance                                                                                                                                                                                                                                                              | 5e.         | \$                     | \$                                |                      |
|             | 5f. Domestic support obligations                                                                                                                                                                                                                                           | 5f.         | \$                     | \$                                |                      |
|             | 5g. Union dues                                                                                                                                                                                                                                                             | 5g.         | \$                     | \$                                |                      |
|             | 5h. Other deductions. Specify:                                                                                                                                                                                                                                             | 5h.         | +\$                    | + \$                              |                      |
|             | one canon adduction operation.                                                                                                                                                                                                                                             | 011.        | \$<br>\$               |                                   |                      |
|             |                                                                                                                                                                                                                                                                            |             | \$                     | \$                                |                      |
|             |                                                                                                                                                                                                                                                                            |             | \$                     | \$                                |                      |
| 6           | Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.                                                                                                                                                                                                | 6.          | •                      | \$                                |                      |
|             | Calculate total monthly take-home pay. Subtract line 6 from line 4.                                                                                                                                                                                                        | 7.          | Φ                      | \$<br>\$                          |                      |
| 1.          | Calculate total monthly take-nome pay. Subtract line 6 from line 4.                                                                                                                                                                                                        | 7.          | Φ                      | . Ψ                               |                      |
| 8.          | List all other income regularly received:                                                                                                                                                                                                                                  |             |                        |                                   |                      |
|             | 8a. Net income from rental property and from operating a business, profession, or farm                                                                                                                                                                                     |             |                        |                                   |                      |
|             | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total                                                                                                                                          | 00          | <sub>\$</sub> 2,319.00 | \$0.00                            |                      |
|             | monthly net income.  8b. Interest and dividends                                                                                                                                                                                                                            | 8a.<br>8b.  | \$ 0.00                | \$ 0.00                           |                      |
|             | 8c. Family support payments that you, a non-filing spouse, or a depende                                                                                                                                                                                                    |             | Φ                      | . Ψ                               |                      |
|             | regularly receive                                                                                                                                                                                                                                                          |             |                        |                                   |                      |
|             | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.                                                                                                                                                                 | 8c.         | \$0.00                 | \$                                |                      |
|             | 8d. Unemployment compensation                                                                                                                                                                                                                                              | 8d.         | \$0.00_                | \$0.00                            |                      |
|             | 8e. Social Security                                                                                                                                                                                                                                                        | 8e.         | \$ <u>1,220.00</u>     | \$513.00                          |                      |
|             | 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: | nce<br>8f.  | \$0.00                 | \$0.00                            |                      |
|             | 8g. Pension or retirement income                                                                                                                                                                                                                                           | 8g.         | \$ 0.00                | \$ 0.00                           |                      |
|             | 8h. Other monthly income. Specify:                                                                                                                                                                                                                                         | 8h.         | + \$ 0.00              | +\$ 0.00                          |                      |
| 9.          | . <b>Add all other income</b> . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.                                                                                                                                                                                            | 9.          | \$ 3,539.00            | \$ 513.00                         | ]                    |
|             | Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.                                                                                                                                                | 10.         | \$_3,539.00            | <b>+</b> \$ 513.00                | <b>=</b> \$ 4,052.00 |
| 11.         | . State all other regular contributions to the expenses that you list in Scheo                                                                                                                                                                                             | dule .      | I.                     |                                   |                      |
|             | Include contributions from an unmarried partner, members of your household, y friends or relatives.                                                                                                                                                                        | ,           |                        | ·                                 |                      |
|             | Do not include any amounts already included in lines 2-10 or amounts that are                                                                                                                                                                                              | not a       | vailable to pay expe   |                                   | 0.00                 |
|             | Specify:                                                                                                                                                                                                                                                                   |             |                        | 11                                | + \$ 0.00            |
|             | Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain S                                                                                                                   |             |                        | •                                 | Combined             |
| 13.         | Do you expect an increase or decrease within the year after you file this for No.  Yes. Explain:                                                                                                                                                                           | form?       | ,                      |                                   | monthly income       |

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| Fill in this in                 | formation to identify                                                 | your case:               |                   |                                        |                                                |                 |                                  |
|---------------------------------|-----------------------------------------------------------------------|--------------------------|-------------------|----------------------------------------|------------------------------------------------|-----------------|----------------------------------|
| Debtor 1                        | Benjamin Larry Carduco                                                |                          |                   |                                        | Check if this is:                              |                 |                                  |
| Dahtan                          | First Name                                                            | Middle Name              | Last Name         |                                        |                                                |                 |                                  |
| Debtor 2<br>(Spouse, if filing) | First Name                                                            | Middle Name              | Last Name         |                                        | An amended fi                                  | •               |                                  |
| United States I                 | Bankruptcy Court for the:                                             | Southern District of New |                   |                                        | expenses as o                                  |                 | petition chapter 13              |
| Case number                     | 19-22859                                                              |                          | (S                | tate)                                  | MM / DD / YYYY                                 |                 | uato.                            |
| (If known)                      |                                                                       |                          |                   |                                        | IVIIVI / DD / TTTT                             |                 |                                  |
| Official F                      | orm 106J                                                              | -                        |                   |                                        |                                                |                 |                                  |
| Sched                           | lule J: Yo                                                            | ur Expen                 | ses               |                                        |                                                |                 | 12/15                            |
| information. I                  |                                                                       | ed, attach another s     | -                 |                                        | are equally responsi<br>ny additional pages, v |                 | -                                |
| Part 1:                         | Describe Your Hou                                                     | usehold                  |                   |                                        |                                                |                 |                                  |
| 1. Is this a join               | nt case?                                                              |                          |                   |                                        |                                                |                 |                                  |
| Yes. Do                         | to line 2.<br>es Debtor 2 live in a s<br>No<br>Yes. Debtor 2 must fil |                          |                   | eparate Household                      | d of Debtor 2.                                 |                 |                                  |
| 2. Do you hav                   | e dependents?                                                         | ✓No                      |                   |                                        |                                                |                 |                                  |
| Do not list D                   | -                                                                     | _                        | s information for | Dependent's relat<br>Debtor 1 or Debto |                                                | Dependent's age | Does dependent live<br>with you? |
| Debtor 2.                       |                                                                       | each depende             | nt                |                                        |                                                |                 | $\square_{No}$                   |
| Do not state names.             | the dependents'                                                       |                          |                   |                                        |                                                | <del></del>     | Yes                              |
|                                 |                                                                       |                          |                   |                                        |                                                |                 | No                               |
|                                 |                                                                       |                          |                   |                                        | -                                              |                 | Yes                              |
|                                 |                                                                       |                          |                   |                                        |                                                |                 | ₽No                              |
|                                 |                                                                       |                          |                   |                                        |                                                |                 | L∐Yes                            |
|                                 |                                                                       |                          |                   |                                        |                                                |                 | No Yes                           |
|                                 |                                                                       |                          |                   |                                        |                                                |                 | I res                            |
|                                 |                                                                       |                          |                   |                                        | -                                              |                 | Yes                              |
| 2 Do your ov                    | penses include                                                        |                          |                   |                                        |                                                |                 | <u> </u>                         |
| expenses of                     | of people other than d your dependents?                               | V No<br>☐ Yes            |                   |                                        |                                                |                 |                                  |
| Part 2: Es                      | stimate Your Ongo                                                     | ing Monthly Expe         | nses              |                                        |                                                |                 |                                  |
|                                 |                                                                       |                          |                   | re using this forn                     | n as a supplement in                           | a Chapter 13 c  | ase to report                    |
| -                               | of a date after the bar                                               |                          | -                 | _                                      | check the box at the                           | -               |                                  |
| Include exper                   | nses paid for with no                                                 | n-cash government        | assistance if you | know the value                         | of                                             | .,              |                                  |
|                                 | nce and have included                                                 |                          | •                 | •                                      |                                                | Your exper      | nses                             |
|                                 | or home ownership or the ground or lot.                               | expenses for your re     | esidence. Include | first mortgage pay                     | ments and,                                     | \$              | 8,900.00                         |
| If not inclu                    | uded in line 4:                                                       |                          |                   |                                        |                                                |                 | 1,083.00                         |
| 4a. Real                        | estate taxes                                                          |                          |                   |                                        | 4a.                                            | \$              | 0.00                             |
| 4b. Prope                       | erty, homeowner's, or r                                               | renter's insurance       |                   |                                        | 4b.                                            | \$              |                                  |
| 4c. Home                        | e maintenance, repair,                                                | and upkeep expense       | S                 |                                        | 4c.                                            | \$              | 0.00                             |
| 4d. Home                        | eowner's association o                                                | r condominium dues       |                   |                                        | 4d.                                            | \$              | 291.00                           |

4d.

4d. Homeowner's association or condominium dues

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Debtor 1

Benjamin Larry Carducci

First Name Middle Name Last Name

Case number (if known) 19-22859

|    |                                                                                                                                                                      |      | Your e | xpenses  |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------|----------|
| 5. | Additional mortgage payments for your residence, such as home equity loans                                                                                           | 5.   | \$     | 0.00     |
|    | Utilities:                                                                                                                                                           |      |        |          |
| Ο. | 6a. Electricity, heat, natural gas                                                                                                                                   | 6a.  | \$     | 1,700.00 |
|    | 6b. Water, sewer, garbage collection                                                                                                                                 | 6b.  |        | 0.00     |
|    | 6c. Telephone, cell phone, Internet, satellite, and cable services                                                                                                   | 6c.  | \$     |          |
|    | 6d. Other. Specify:                                                                                                                                                  | 6d.  | \$     | 0.00     |
| 7. | Food and housekeeping supplies                                                                                                                                       | 7.   | \$     | 1,000.00 |
| 3. | Childcare and children's education costs                                                                                                                             | 8.   | \$     | 0.00     |
| 9. | Clothing, laundry, and dry cleaning                                                                                                                                  | 9.   | \$     | 50.00    |
| ١. | Personal care products and services                                                                                                                                  | 10.  |        | 200.00   |
|    | Medical and dental expenses                                                                                                                                          | 11.  | \$     | 1,000.00 |
| 2. |                                                                                                                                                                      |      |        |          |
|    | Do not include car payments.                                                                                                                                         | 12.  | \$     | 200.00   |
| 3. | Entertainment, clubs, recreation, newspapers, magazines, and books                                                                                                   | 13.  | \$     | 0.00     |
| ŀ. | Charitable contributions and religious donations                                                                                                                     | 14.  | \$     | 25.00    |
| 5. | Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.                                                                            |      |        |          |
|    | 15a. Life insurance                                                                                                                                                  | 15a. | \$     | 0.00     |
|    | 15b. Health insurance                                                                                                                                                | 15b. | \$     | 0.00     |
|    | 15c. Vehicle insurance                                                                                                                                               | 15c. | \$     | 250.00   |
|    | 15d. Other insurance. Specify:                                                                                                                                       | 15d. | \$     | 0.00     |
| i. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:                                                                           | 16.  | \$     | 100.00   |
| 7. | Installment or lease payments:                                                                                                                                       |      |        |          |
|    | 17a. Car payments for Vehicle 1                                                                                                                                      | 17a. | \$     | 0.00     |
|    | 17b. Car payments for Vehicle 2                                                                                                                                      | 17b. | \$     | 0.00     |
|    | 17c. Other. Specify:                                                                                                                                                 | 17c. | \$     | 0.00     |
|    | 17d. Other. Specify:                                                                                                                                                 | 17d. | \$     | 0.00     |
| 3. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | 18.  | \$     | 0.00     |
| 9. | Other payments you make to support others who do not live with you.                                                                                                  |      |        |          |
|    | Specify:                                                                                                                                                             | 19.  | \$     | 0.00     |
| ). | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom                                                                  | e.   |        |          |
|    | 20a. Mortgages on other property                                                                                                                                     | 20a. | \$     | 0.00     |
|    | 20b. Real estate taxes                                                                                                                                               | 20b. | \$     | 1,083.00 |
|    | 20c. Property, homeowner's, or renter's insurance                                                                                                                    | 20c. | \$     | 0.00     |
|    | 20d. Maintenance, repair, and upkeep expenses                                                                                                                        | 20d. | \$     | 75.00    |
|    | 20e. Homeowner's association or condominium dues                                                                                                                     | 20e. | \$     | 0.00     |

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| Debtor 1            |         | Benjamin Larry Carducci |                    |                       |                                 | 19-22859<br>Case number (if known) |      |             |            |  |
|---------------------|---------|-------------------------|--------------------|-----------------------|---------------------------------|------------------------------------|------|-------------|------------|--|
|                     |         | First Name              | Middle Name        | Last Name             |                                 | ,                                  | ,    |             |            |  |
| . 0                 | ther. S | pecify:                 |                    |                       |                                 |                                    | 21.  | +\$         | 0.00       |  |
|                     |         |                         |                    |                       |                                 |                                    |      | +\$         |            |  |
|                     |         |                         |                    |                       |                                 |                                    |      | +\$         |            |  |
| 2. <b>C</b>         | Calcula | te your mo              | nthly expenses     |                       |                                 |                                    |      |             |            |  |
| 2                   | 2a. Add | lines 4 thro            | ugh 21.            |                       |                                 |                                    | 22a. | \$          | 16,207.00  |  |
| 2                   | 2b. Cop | y line 22 (m            | onthly expenses    | for Debtor 2), if any | r, from Official Form 106J-2 2  | 2c. Add line 22a                   | 22b. | \$          |            |  |
| aı                  | nd 22b. | The result i            | s your monthly e   | xpenses.              |                                 |                                    | 22c. | \$          | 16,207.00  |  |
|                     |         |                         |                    |                       |                                 |                                    |      |             |            |  |
| 3. <b>Ca</b><br>23a |         | -                       | hly net income     | onthly income) from   | Schedule I                      |                                    | 23a. | \$          | 4,052.00   |  |
| 23k                 |         |                         |                    | om line 22c above.    | Genedale 1.                     |                                    | 23b. | <b>-</b> \$ | 16,207.00  |  |
| 230                 | Suk     | otract vour n           | nonthly evnense    | s from your monthly   | income                          |                                    |      |             | 10.155.00  |  |
| 200                 |         | ,                       | our monthly net in | , ,                   | moone.                          |                                    | 23c. | \$          | -12,155.00 |  |
|                     |         |                         |                    |                       |                                 |                                    |      |             |            |  |
|                     | -       | -                       |                    |                       | ses within the year after you   |                                    |      |             |            |  |
|                     |         |                         |                    |                       | oan within the year or do you   |                                    |      |             |            |  |
|                     |         | payment to              | increase or dec    | rease because of a r  | modification to the terms of yo | our moπgage?                       |      |             |            |  |
|                     | No.     |                         |                    |                       |                                 |                                    |      |             |            |  |
| Ц                   | Yes.    | Explain h               | nere:              |                       |                                 |                                    |      |             |            |  |
|                     |         |                         |                    |                       |                                 |                                    |      |             |            |  |
|                     |         |                         |                    |                       |                                 |                                    |      |             |            |  |
|                     |         |                         |                    |                       |                                 |                                    |      |             |            |  |
|                     |         |                         |                    |                       |                                 |                                    |      |             |            |  |

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| Fill in this information to identify your case: |                         |                                     |           |   |  |  |
|-------------------------------------------------|-------------------------|-------------------------------------|-----------|---|--|--|
| Debtor 1                                        | Benjamin Larry          | Carducci<br>Middle Name             | Last Name |   |  |  |
| Debtor 2<br>(Spouse, if filing)                 | First Name              | Middle Name                         | Last Name | _ |  |  |
| Case number                                     | Bankruptcy Court for th | <sup>e</sup> Southern District of N | lew York  |   |  |  |
| (If known)                                      |                         |                                     |           |   |  |  |

☐ Check if this is an amended filing

#### Official Form 106Dec

#### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below                                                                      |                                                                |
|---------------------------------------------------------------------------------|----------------------------------------------------------------|
| Did you pay or agree to pay someone who is N                                    | NOT an attorney to help you fill out bankruptcy forms?         |
| ☑ No                                                                            |                                                                |
| ☐ Yes. Name of person                                                           | Attach Bankruptcy Petition Preparer's Notice, Declaration, and |
|                                                                                 | Signature (Official Form 119).                                 |
|                                                                                 |                                                                |
|                                                                                 |                                                                |
|                                                                                 |                                                                |
| Under penalty of perjury, I declare that I have that they are true and correct. | read the summary and schedules filed with this declaration and |
|                                                                                 |                                                                |
|                                                                                 |                                                                |
| 🗴 /s/ Benjamin Larry Carducci                                                   | ×                                                              |
| Signature of Debtor 1                                                           | Signature of Debtor 2                                          |
| 04/24/2010                                                                      |                                                                |
| Date 04/24/2019                                                                 | Date                                                           |
|                                                                                 |                                                                |

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#### Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| V          | t is your current marital status?  Married  Not married                                        |                            |                                                                                                                             |                                    |
|------------|------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>V</b> N | ng the last 3 years, have you lived anywhere only of the places you lived in the last 3 years. |                            |                                                                                                                             |                                    |
|            | Debtor 1:                                                                                      | Dates Debtor 1 lived there | Debtor 2:                                                                                                                   | Dates Debtor 2 lived there         |
|            | Number Street                                                                                  | From<br>To                 | Same as Debtor 1  Number Street                                                                                             | Same as Debtor 1  From  To         |
|            | City State ZIP Code                                                                            |                            | City State ZIP Code                                                                                                         |                                    |
|            | Number Street                                                                                  | From<br>To                 | Same as Debtor 1  Number Street                                                                                             | Same as Debtor 1  From  To         |
|            | City State ZIP Code                                                                            |                            | City State ZIP Code                                                                                                         |                                    |
| and .      | territories include Arizona, California, Idaho, Lou                                            | isiana, Nevada, Nev        | walent in a community property state or territory? ( <i>C</i> w Mexico, Puerto Rico, Texas, Washington, and Wiscon m 106H). | ommunity property states<br>nsin.) |

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Benjamin Larry Carducci Case number (if known)\_ 19-22859 Debtor 1 Part 2: **Explain the Sources of Your Income** 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No ✓ Yes. Fill in the details. Debtor 2 Debtor 1 Sources of income Gross income Sources of income Gross income Check all that apply. (before deductions and (before deductions and Check all that apply. exclusions) exclusions) Wages, commissions, ■ Wages, commissions, From January 1 of current year until bonuses, tips Unknown bonuses, tips the date you filed for bankruptcy: Operating a business ☐ Operating a business Wages, commissions, ☐ Wages, commissions, For last calendar year: bonuses, tips bonuses, tips Unknown (January 1 to December 31, 2018 Operating a business Operating a business Wages, commissions, ■ Wages, commissions, For the calendar year before that: bonuses, tips bonuses, tips Unknown (January 1 to December 31, 2017 Operating a business Operating a business 5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. ☐ Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income Gross income from each source each source Describe below. Describe below. (before deductions and (before deductions and exclusions) exclusions) From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, For the calendar year before that: (January 1 to December 31,

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Debtor 1 Benjamin Larry Carducci
First Name Middle Name Last Name

Case number (if known) 19-22859

| Part 3:     | List       | Certain Paym      | ents You       | Made Befor       | e You Filed                                                                                                | for Bankruptcy                                                                      |                               |                        |  |
|-------------|------------|-------------------|----------------|------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------|------------------------|--|
|             |            |                   |                |                  |                                                                                                            |                                                                                     |                               |                        |  |
| 6. Are eith | ner De     | btor 1's or Deb   | tor 2's debt   | s primarily co   | nsumer debt                                                                                                | s?                                                                                  |                               |                        |  |
| ☐ No.       |            |                   |                |                  | y consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as onal, family, or household purpose." |                                                                                     |                               |                        |  |
|             | Duri       | ng the 90 days b  | efore you file | ed for bankrup   | otcy, did you p                                                                                            | ay any creditor a total of                                                          | \$6,825* or more?             |                        |  |
|             | □ 1        | No. Go to line 7. |                |                  |                                                                                                            |                                                                                     |                               |                        |  |
|             | t          | he total amoun    | t you paid th  | nat creditor. Do | not include p                                                                                              | \$6,825* or more in one payments for domestic sue ents to an attorney for the       | upport obligations, such      |                        |  |
|             | * Su       | bject to adjustme | ent on 4/01/2  | 22 and every 3   | years after th                                                                                             | at for cases filed on or a                                                          | after the date of adjustment. |                        |  |
| V Ves       | : Dah      | tor 1 or Debtor   | 2 or both ha   | ave nrimarily    | consumer de                                                                                                | hte                                                                                 |                               |                        |  |
|             |            |                   |                |                  |                                                                                                            | ay any creditor a total of                                                          | \$600 or more?                |                        |  |
|             |            |                   | ciore you iii  | ca for barillap  | noy, ala you po                                                                                            | ay any creator a total or                                                           | φοσο οι more:                 |                        |  |
|             | <u>~</u> 1 | No. Go to line 7. |                |                  |                                                                                                            |                                                                                     |                               |                        |  |
|             | □ \        | creditor. Do      | not include    | payments for     | domestic supp                                                                                              | \$600 or more and the to<br>oort obligations, such as<br>ey for this bankruptcy cas |                               |                        |  |
|             |            |                   |                |                  | Dates of payment                                                                                           | Total amount paid                                                                   | Amount you still owe          | Was this payment for   |  |
|             |            |                   |                |                  |                                                                                                            | \$                                                                                  | \$                            |                        |  |
|             |            | Creditor's Name   |                |                  |                                                                                                            | Ψ                                                                                   | Ψ                             | ☐ Mortgage             |  |
|             |            |                   |                |                  |                                                                                                            |                                                                                     |                               | ☐ Car                  |  |
|             |            | Number Street     |                |                  |                                                                                                            |                                                                                     |                               | Credit card            |  |
|             |            |                   |                |                  |                                                                                                            |                                                                                     |                               | Loan repayment         |  |
|             |            |                   |                |                  |                                                                                                            |                                                                                     |                               | ☐ Suppliers or vendors |  |
|             |            | City              | State          | ZIP Code         |                                                                                                            |                                                                                     |                               | Other                  |  |
|             |            |                   |                |                  |                                                                                                            |                                                                                     |                               |                        |  |
|             |            |                   |                |                  |                                                                                                            | \$                                                                                  | \$                            |                        |  |
|             |            | Creditor's Name   |                |                  |                                                                                                            | Ψ                                                                                   | Ψ                             | ☐ Mortgage             |  |
|             |            |                   |                |                  |                                                                                                            |                                                                                     |                               | ☐ Car                  |  |
|             |            | Number Street     |                |                  |                                                                                                            |                                                                                     |                               | Credit card            |  |
|             |            |                   |                |                  |                                                                                                            |                                                                                     |                               | Loan repayment         |  |
|             |            |                   |                |                  |                                                                                                            |                                                                                     |                               | ☐ Suppliers or vendors |  |
|             |            |                   |                |                  |                                                                                                            |                                                                                     |                               | ☐ Other                |  |
|             |            | City              | State          | ZIP Code         |                                                                                                            |                                                                                     |                               |                        |  |
|             | -          |                   |                |                  |                                                                                                            |                                                                                     |                               |                        |  |
|             |            |                   |                |                  |                                                                                                            | \$                                                                                  | \$                            | ☐ Mortgage             |  |
|             |            | Creditor's Name   |                |                  |                                                                                                            | ,                                                                                   |                               | ☐ Car                  |  |
|             |            |                   |                |                  |                                                                                                            |                                                                                     |                               |                        |  |
|             |            | Number Street     |                |                  |                                                                                                            |                                                                                     |                               | Credit card            |  |
|             |            |                   |                |                  |                                                                                                            |                                                                                     |                               | Loan repayment         |  |
|             |            |                   |                |                  |                                                                                                            |                                                                                     |                               | Suppliers or vendors   |  |
|             |            | City              | Ctot-          | 710.0-4-         |                                                                                                            |                                                                                     |                               | ☐ Other                |  |
|             |            | City              | State          | ZIP Code         |                                                                                                            |                                                                                     |                               |                        |  |
|             |            |                   |                |                  |                                                                                                            |                                                                                     |                               |                        |  |

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Benjamin Larry Carducci

Middle Name

Last Name

Debtor 1

Case number (if known) 19-22859

| Within 1 year before you filed for bankruptcy, of<br>Insiders include your relatives; any general partnet<br>corporations of which you are an officer, director,<br>agent, including one for a business you operate a<br>such as child support and alimony. | ers; relatives of any g<br>person in control, or            | general partners; partners | artnerships of which nore of their voting     | n you are a general partner;<br>securities; and any managing                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------|
| No No                                                                                                                                                                                                                                                       |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                                                   |
| Yes. List all payments to an insider.                                                                                                                                                                                                                       | B. C. C.                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A                                             | B                                                                                 |
|                                                                                                                                                                                                                                                             | Dates of<br>payment                                         | Total amount paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | owe                                           | Reason for this payment                                                           |
|                                                                                                                                                                                                                                                             |                                                             | Φ.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$                                            |                                                                                   |
| Insider's Name                                                                                                                                                                                                                                              |                                                             | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Φ                                             |                                                                                   |
|                                                                                                                                                                                                                                                             |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                                                   |
| Number Street                                                                                                                                                                                                                                               |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                                                   |
|                                                                                                                                                                                                                                                             |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                                                   |
| City State ZIP Code                                                                                                                                                                                                                                         | <del></del>                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                                                   |
| City State ZIP Code                                                                                                                                                                                                                                         |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                                                   |
|                                                                                                                                                                                                                                                             |                                                             | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$                                            |                                                                                   |
| Insider's Name                                                                                                                                                                                                                                              |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                                                   |
| Number Street                                                                                                                                                                                                                                               |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                                                   |
| MULLIDEL SUCCE                                                                                                                                                                                                                                              |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                                                   |
| Number Sucer                                                                                                                                                                                                                                                |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                                                   |
| number Sucet                                                                                                                                                                                                                                                |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                                                   |
| City State ZIP Code                                                                                                                                                                                                                                         |                                                             | avments or transf                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | er anv property on                            | account of a debt that benefited                                                  |
|                                                                                                                                                                                                                                                             | lid you make any pa                                         | ayments or transf                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | er any property on<br>Amount you still<br>owe | account of a debt that benefited  Reason for this payment Include creditor's name |
| City State ZIP Code  Within 1 year before you filed for bankruptcy, denoting include?  Include payments on debts guaranteed or cosigned.  No Yes. List all payments that benefited an inside                                                                | lid you make any page by an insider. er.  Dates of          | Total amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Amount you still                              | Reason for this payment                                                           |
| City State ZIP Code  Within 1 year before you filed for bankruptcy, denoting insider?  Include payments on debts guaranteed or cosigned.  No                                                                                                                | lid you make any page by an insider. er.  Dates of          | Total amount paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Amount you still owe                          | Reason for this payment                                                           |
| City State ZIP Code  Within 1 year before you filed for bankruptcy, denoting include?  Include payments on debts guaranteed or cosigned.  No Yes. List all payments that benefited an inside                                                                | lid you make any page by an insider. er.  Dates of          | Total amount paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Amount you still owe                          | Reason for this payment                                                           |
| City State ZIP Code  Within 1 year before you filed for bankruptcy, dan insider? Include payments on debts guaranteed or cosigned  No  Yes. List all payments that benefited an inside                                                                      | lid you make any page by an insider. er.  Dates of          | Total amount paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Amount you still owe                          | Reason for this payment                                                           |
| City State ZIP Code  Within 1 year before you filed for bankruptcy, dan insider? Include payments on debts guaranteed or cosigned  No  Yes. List all payments that benefited an inside                                                                      | lid you make any pa<br>ed by an insider.<br>er.<br>Dates of | Total amount paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Amount you still owe                          | Reason for this payment                                                           |
| City State ZIP Code  Within 1 year before you filed for bankruptcy, dan insider? Include payments on debts guaranteed or cosigned  No  Yes. List all payments that benefited an inside                                                                      | ed by an insider.  Dates of payment                         | Total amount paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Amount you still owe                          | Reason for this payment                                                           |
| City State ZIP Code  Within 1 year before you filed for bankruptcy, den insider?  Include payments on debts guaranteed or cosigned.  No  Yes. List all payments that benefited an inside  Insider's Name  Number Street                                     | ed by an insider.  Dates of payment                         | Total amount paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Amount you still owe                          | Reason for this payment                                                           |
| City State ZIP Code  Within 1 year before you filed for bankruptcy, den insider?  Include payments on debts guaranteed or cosigned.  No  Yes. List all payments that benefited an inside  Insider's Name  Number Street  City State ZIP Code                | ed by an insider.  Dates of payment                         | Total amount paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Amount you still owe                          | Reason for this payment                                                           |
| City State ZIP Code  Within 1 year before you filed for bankruptcy, den insider?  Include payments on debts guaranteed or cosigned.  No  Yes. List all payments that benefited an inside  Insider's Name  Number Street                                     | ed by an insider.  Dates of payment                         | Total amount paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Amount you still owe                          | Reason for this payment                                                           |
| City State ZIP Code  Within 1 year before you filed for bankruptcy, den insider?  Include payments on debts guaranteed or cosigned.  No  Yes. List all payments that benefited an inside  Insider's Name  Number Street  City State ZIP Code                | ed by an insider.  Dates of payment                         | Total amount paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Amount you still owe                          | Reason for this payment                                                           |

City

ZIP Code

State

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Debtor 1 Benjamin Larry Carducci
First Name Middle Name Last Name

Case number (if known) 19-22859

| Within 1 year before you filed for bar<br>List all such matters, including persona<br>and contract disputes. |            |                                                                                                             |                                                                                    |                   |                                                  |
|--------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------|--------------------------------------------------|
| <ul><li>✓ No</li><li>✓ Yes. Fill in the details.</li></ul>                                                   |            |                                                                                                             |                                                                                    |                   |                                                  |
|                                                                                                              | Nature     | of the case                                                                                                 | Court or agency                                                                    |                   | Status of the case                               |
| Case title:                                                                                                  |            |                                                                                                             | Court Name  Number Street                                                          |                   | Pending On appeal Concluded                      |
| Case number                                                                                                  | _          |                                                                                                             | City State                                                                         | e ZIP Code        | _                                                |
| Case title:                                                                                                  |            |                                                                                                             | Court Name                                                                         |                   | Pending On appeal                                |
|                                                                                                              |            |                                                                                                             | Number Street                                                                      |                   | Concluded                                        |
| Case number                                                                                                  | _          |                                                                                                             | City Stat                                                                          | e ZIP Code        |                                                  |
| No. Go to line 11.                                                                                           | ils below. |                                                                                                             |                                                                                    | rnished, attached |                                                  |
|                                                                                                              | ils below. | Describe the property                                                                                       |                                                                                    | Date              | Value of the property                            |
| ☐ Yes. Fill in the information below.                                                                        | ils below. | Explain what happened Property was re                                                                       | od<br>possessed.<br>reclosed.                                                      |                   | Value of the property                            |
| ✓ No. Go to line 11.  ☐ Yes. Fill in the information below.  ☐ Creditor's Name                               |            | Explain what happene  Property was re  Property was fo  Property was ga                                     | od<br>possessed.<br>reclosed.                                                      |                   | Value of the property                            |
| ✓ No. Go to line 11.  ☐ Yes. Fill in the information below.  Creditor's Name  Number Street                  |            | Explain what happene  Property was re  Property was fo  Property was ga                                     | possessed. reclosed. arnished. tached, seized, or levied.                          |                   | Value of the property                            |
| ✓ No. Go to line 11.  ☐ Yes. Fill in the information below.  Creditor's Name  Number Street                  |            | Explain what happened Property was re Property was fo Property was ga                                       | possessed. reclosed. arnished. tached, seized, or levied.                          | Date              | Value of the property  \$  Value of the property |
| No. Go to line 11.  Yes. Fill in the information below.  Creditor's Name  Number Street  City State          |            | Explain what happened Property was re Property was fo Property was ga                                       | possessed. reclosed. arnished. tached, seized, or levied.                          | Date              | Value of the property  \$  Value of the property |
| ✓ No. Go to line 11.  ✓ Yes. Fill in the information below.  Creditor's Name  City State  Creditor's Name    |            | Explain what happened Property was re Property was fo Property was ga Property was at Describe the property | possessed. reclosed. arnished. tached, seized, or levied.  d  possessed. reclosed. | Date              | Value of the property  \$  Value of the property |

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|                                  |                                                                                   | Pg 35 of 46                                                                                                            |                              |                |
|----------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------|
| Debtor 1 Benjar                  | min Larry Carducci  Middle Name Last N                                            | Case numbe                                                                                                             | er (if known) 19-22859       |                |
|                                  | fuse to make a payment beca                                                       | cy, did any creditor, including a bank or financial<br>use you owed a debt?                                            | institution, set off any amo | unts from your |
| Creditor's Name                  | 9                                                                                 | Describe the action the creditor took                                                                                  | Date action was taken        | Amount         |
| Number Stre                      | et                                                                                |                                                                                                                        |                              | <b>5</b>       |
|                                  | State ZIP Code<br>before you filed for bankruptc<br>urt-appointed receiver, a cus | Last 4 digits of account number: XXXX— y, was any of your property in the possession of a todian, or another official? | n assignee for the benefit   | of             |
| ☑ No<br>☑ Yes<br>Part 5: List Ce | ertain Gifts and Contribut                                                        | ions                                                                                                                   |                              |                |
| ✓ No                             | before you filed for bankrupte he details for each gift.                          | cy, did you give any gifts with a total value of more                                                                  | e than \$600 per person?     |                |
| Gifts with a per person          | total value of more than \$600                                                    | Describe the gifts                                                                                                     | Dates you gave the gifts     | Value          |
| Person to Whor                   | m You Gave the Gift                                                               |                                                                                                                        |                              | \$<br>\$       |
| Number Stre                      | et                                                                                |                                                                                                                        |                              |                |

| Number Street                                          |                    |                          |       |
|--------------------------------------------------------|--------------------|--------------------------|-------|
| City State ZIP Code                                    |                    |                          |       |
| Person's relationship to you                           |                    |                          |       |
| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
| Person to Whom You Gave the Gift                       |                    |                          | \$    |
|                                                        |                    |                          | \$    |
| Number Street                                          |                    |                          |       |
| City State ZIP Code                                    |                    |                          |       |
| Person's relationship to you                           |                    |                          |       |

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Benjamin Larry Carducci

Debtor 1

Case number (if known) 19-22859

| No Yes. Fill in the details for each gift                                                                                                                                                                                                                                                                                                                          | or contribution.                                                                                                                                                                                                                                                                                                                                                       |                                                                                             |                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Gifts or contributions to charities that total more than \$600                                                                                                                                                                                                                                                                                                     | Describe what you contributed                                                                                                                                                                                                                                                                                                                                          | Date you contributed                                                                        | Value                                                   |
| Charity's Name                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                             | \$                                                      |
|                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                             | \$                                                      |
| Number Street                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                             |                                                         |
| City State ZIP Code                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                             |                                                         |
| 6: List Certain Losses                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                             |                                                         |
| gambling?<br>No<br>Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                       | nkruptcy or since you filed for bankruptcy, did you lose anything because the second of the lose any insurance coverage for the lose                                                                                                                                                                                                                                   |                                                                                             |                                                         |
| gambling?<br>No                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                        | Decause of theft, fire                                                                      | Value of property lost                                  |
| gambling? No Yes. Fill in the details.  Describe the property you lost and                                                                                                                                                                                                                                                                                         | now Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance                                                                                                                                                                                                                                                    |                                                                                             | Value of property                                       |
| No Yes. Fill in the details.  Describe the property you lost and the loss occurred                                                                                                                                                                                                                                                                                 | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.                                                                                                                                                                                                           |                                                                                             | Value of property lost                                  |
| gambling?  No Yes. Fill in the details.  Describe the property you lost and the loss occurred  7: List Certain Payments or thin 1 year before you filed for bansulted about seeking bankruptched any attorneys, bankruptcy peticled                                                                                                                                | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.                                                                                                                                                                                                           | Date of your loss                                                                           | Value of property lost                                  |
| gambling?  No Yes. Fill in the details.  Describe the property you lost and the loss occurred  T: List Certain Payments or thin 1 year before you filed for bansulted about seeking bankruptcy petitled any attorneys, bankruptcy petitled any attorneys, bankruptcy petitled.  No Yes. Fill in the details.  Kirby Aisner & Curley LLP                            | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Transfers  hkruptcy, did you or anyone else acting on your behalf pay or trany or preparing a bankruptcy petition?                                                                                       | Date of your loss                                                                           | Value of property lost  \$                              |
| gambling?  No Yes. Fill in the details.  Describe the property you lost and the loss occurred  T: List Certain Payments or thin 1 year before you filed for bansulted about seeking bankruptcy petitive any attorneys, bankruptcy petitive. No Yes. Fill in the details.                                                                                           | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Transfers  hkruptcy, did you or anyone else acting on your behalf pay or trany or preparing a bankruptcy petition?  ion preparers, or credit counseling agencies for services required in your property. | Date of your loss  sefer any property to our bankruptcy.                                    | Value of property lost  \$                              |
| gambling?  No Yes. Fill in the details.  Describe the property you lost and the loss occurred  7: List Certain Payments or thin 1 year before you filed for bansulted about seeking bankruptched any attorneys, bankruptcy petitive any attorneys, bankruptcy petitive.  No Yes. Fill in the details.  Kirby Aisner & Curley LLP Person Who Was Paid 700 Post Road | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Transfers  hkruptcy, did you or anyone else acting on your behalf pay or trany or preparing a bankruptcy petition?  ion preparers, or credit counseling agencies for services required in your property. | Date of your loss  sfer any property to  our bankruptcy.  Date payment or transfer was made | Value of property lost  \$  anyone you  Amount of payme |

Filed 04/24/19 Entered 04/24/19 14:57:43 Main Document 19-22859-rdd Doc 3 Pg 37 of 46 Case number (if known)\_ 19-22859 Benjamin Larry Carducci Debtor 1 Last Name Description and value of any property transferred Date payment or Amount of payment transfer was made Person Who Was Paid Number Street City State ZIP Code Email or website address Person Who Made the Payment, if Not You 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. ✓ No ☐ Yes. Fill in the details. Description and value of any property transferred Date payment or Amount of payment transfer was made Person Who Was Paid Number Street

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

✓ No

☐ Yes. Fill in the details.

ZIP Code

State

| es. I ill III the details.                        |                                               |                                                                      |                           |
|---------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------|---------------------------|
|                                                   | Description and value of property transferred | Describe any property or payments received or debts paid in exchange | Date transfer<br>was made |
| Person Who Received Transfer                      |                                               |                                                                      |                           |
| Number Street                                     |                                               |                                                                      |                           |
| City State ZIP Code                               |                                               |                                                                      |                           |
| Person's relationship to you                      | -                                             |                                                                      |                           |
| Person Who Received Transfer                      |                                               |                                                                      |                           |
| Number Street                                     |                                               |                                                                      |                           |
|                                                   |                                               |                                                                      |                           |
| City State ZIP Code  Person's relationship to you |                                               |                                                                      |                           |

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Debtor 1

| ebtor 1    | Benjamin Larry Carducci                                                  |                                       | Case number (if know             | <sub>n)</sub> 19-22859                |                                            |
|------------|--------------------------------------------------------------------------|---------------------------------------|----------------------------------|---------------------------------------|--------------------------------------------|
|            | First Name Middle Name La                                                | ast Name                              |                                  |                                       |                                            |
|            |                                                                          |                                       |                                  |                                       |                                            |
|            | n 10 years before you filed for bankı                                    |                                       | y to a self-settled trust o      | or similar device of wh               | nich you                                   |
|            | beneficiary? (These are often called                                     | asset-protection devices.)            |                                  |                                       |                                            |
| ☑ N        |                                                                          |                                       |                                  |                                       |                                            |
| <b>U</b> Y | es. Fill in the details.                                                 |                                       |                                  |                                       |                                            |
|            |                                                                          | Description and value of the prope    | rty transferred                  |                                       | Date transfer<br>was made                  |
|            |                                                                          |                                       |                                  |                                       | was made                                   |
| N          | ame of trust                                                             |                                       |                                  |                                       |                                            |
|            |                                                                          |                                       |                                  |                                       |                                            |
|            |                                                                          |                                       |                                  |                                       |                                            |
|            |                                                                          |                                       |                                  |                                       |                                            |
| art 8:     | List Certain Financial Accour                                            | nts, Instruments, Safe Deposit        | Boxes, and Storage               | Units                                 |                                            |
|            | n 1 year before you filed for bankru                                     | -                                     |                                  |                                       |                                            |
|            | ed, sold, moved, or transferred?                                         | otcy, were any infancial accounts of  | i ilistraments neia ili yo       | ul lialile, of for your b             | enent,                                     |
| Inclu      | de checking, savings, money marke                                        |                                       |                                  | es in banks, credit uni               | ons,                                       |
|            | erage houses, pension funds, coope                                       | eratives, associations, and other fin | ancial institutions.             |                                       |                                            |
|            | o<br>es. Fill in the details.                                            |                                       |                                  |                                       |                                            |
|            | es. Fill ill the details.                                                |                                       |                                  |                                       |                                            |
|            |                                                                          | Last 4 digits of account number       | Type of account or<br>instrument | Date account was closed, sold, moved, | Last balance before<br>closing or transfer |
|            |                                                                          |                                       |                                  | or transferred                        |                                            |
| ī          | Name of Financial Institution                                            | –<br><b>XXXX–</b>                     | Checking                         |                                       | \$                                         |
|            | Number Office                                                            | -                                     | Savings                          |                                       | ¥                                          |
|            | Number Street                                                            |                                       | Money market                     |                                       |                                            |
| •          |                                                                          | _                                     | Brokerage                        |                                       |                                            |
| _          | City State ZIP Code                                                      | _                                     | Other                            |                                       |                                            |
|            |                                                                          |                                       |                                  |                                       |                                            |
| i          | Name of Financial Institution                                            | _ XXXX                                | Checking                         |                                       | \$                                         |
|            |                                                                          |                                       | Savings                          |                                       |                                            |
| i          | Number Street                                                            | _                                     | Money market                     |                                       |                                            |
| -          |                                                                          | _                                     | Brokerage                        |                                       |                                            |
| -          | City State ZIP Code                                                      | _                                     | Other                            |                                       |                                            |
|            | ·                                                                        |                                       |                                  |                                       |                                            |
| _          | ou now have, or did you have within<br>rities, cash, or other valuables? | 1 year before you filed for bankrup   | tcy, any safe deposit bo         | x or other depository                 | for                                        |
| □ N        |                                                                          |                                       |                                  |                                       |                                            |
| ✓ Y        | es. Fill in the details.                                                 |                                       |                                  |                                       |                                            |
|            |                                                                          | Who else had access to it?            | Describe the                     | contents                              | Do you still                               |
|            |                                                                          |                                       | Nothing, \$0.0                   | 00                                    | have it?                                   |
|            | TD BAnk                                                                  | _ Benjamin Larry Carducci             |                                  |                                       | No                                         |
| ī          | Name of Financial Institution                                            | Name                                  |                                  |                                       | ✓ Yes                                      |
| i          | Number Street                                                            | Number Street                         |                                  |                                       |                                            |
|            |                                                                          | Number Street                         |                                  |                                       |                                            |
| -<br>N     | Mamaroneck NY                                                            | City State ZIP Code                   |                                  |                                       |                                            |
|            | City State ZIP Code                                                      | _                                     |                                  |                                       |                                            |

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| ebtor 1 | Benjamin Larry Carducci                                                         |                                         | Case number (if known) 19-22859                |                |
|---------|---------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------|----------------|
|         | First Name Middle Name                                                          | Last Name                               | · · ·                                          |                |
|         |                                                                                 | -14                                     | thin 4 was hafe as you filed for handsmuster 2 |                |
| 2. Have |                                                                                 | nit or place other than your nome wi    | thin 1 year before you filed for bankruptcy?   |                |
|         | es. Fill in the details.                                                        |                                         |                                                |                |
|         |                                                                                 | Who else has or had access to it?       | Describe the contents                          | Do you still   |
|         |                                                                                 |                                         |                                                | have it?       |
|         |                                                                                 | _                                       |                                                | □No            |
|         | Name of Storage Facility                                                        | Name                                    |                                                | Yes            |
|         | Number Street                                                                   | Number Street                           |                                                |                |
|         | Number Street                                                                   | Number Street                           |                                                |                |
|         |                                                                                 | City State ZIP Code                     |                                                |                |
|         | City State ZIP Code                                                             |                                         |                                                |                |
|         | State Zir Code                                                                  |                                         |                                                |                |
| art 9   | Identify Property You Ho                                                        | ld or Control for Someone Else          |                                                |                |
| . Do    |                                                                                 |                                         |                                                |                |
| -       | you note or control any property that<br>old in trust for someone.              | it someone else owns? include any       | property you borrowed from, are storing for    | ,              |
| _       | No                                                                              |                                         |                                                |                |
|         | Yes. Fill in the details.                                                       |                                         |                                                |                |
|         |                                                                                 | Where is the property?                  | Describe the property                          | Value          |
|         |                                                                                 |                                         |                                                |                |
|         | Owner's Name                                                                    | <del>-</del>                            |                                                | \$             |
|         |                                                                                 | Number Street                           |                                                |                |
|         | Number Street                                                                   | Number Street                           |                                                |                |
|         |                                                                                 | _                                       |                                                |                |
|         | City State ZIP Code                                                             |                                         | ZIP Code                                       |                |
|         | •                                                                               |                                         |                                                |                |
| art 1   | 0: Give Details About Enviro                                                    | onmental Information                    |                                                |                |
| or the  | purpose of Part 10, the following d                                             | efinitions apply:                       |                                                |                |
| Env     | rironmental law means any federal,                                              | state, or local statute or regulation o | concerning pollution, contamination, release   | s of           |
|         |                                                                                 |                                         | surface water, groundwater, or other mediur    | n,             |
|         |                                                                                 | olling the cleanup of these substanc    | , ,                                            |                |
|         | means any location, facility, or pro<br>used to own, operate, or utilize it, i  |                                         | nental law, whether you now own, operate, o    | or utilize     |
|         | • • • • •                                                                       | •                                       |                                                |                |
|         | <i>ardous material</i> means anything an<br>stance, hazardous material, polluta |                                         | ardous waste, hazardous substance, toxic       |                |
|         | •                                                                               |                                         | of culture the consequence of                  |                |
| ∌porτ   | all notices, releases, and proceeding                                           | ngs that you know about, regardless     | of when they occurred.                         |                |
| . Has   | any governmental unit notified you                                              | that you may be liable or potentially   | liable under or in violation of an environme   | ntal law?      |
|         |                                                                                 |                                         |                                                |                |
|         | No<br>Yes. Fill in the details.                                                 |                                         |                                                |                |
| _       | res. Fill III the details.                                                      |                                         |                                                |                |
|         |                                                                                 | Governmental unit                       | Environmental law, if you know it              | Date of notice |
|         |                                                                                 |                                         |                                                |                |
| i       | Name of site                                                                    | Governmental unit                       | -                                              |                |
|         |                                                                                 |                                         |                                                |                |
| i       | Number Street                                                                   | Number Street                           | -                                              |                |
|         |                                                                                 | City State 7ID C-1-                     | _                                              |                |
|         |                                                                                 | City State ZIP Code                     |                                                |                |
| ;       | City State ZIP Code                                                             | _                                       |                                                |                |
| ,       | only State LIP CODE                                                             |                                         |                                                |                |

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Debtor 1 Benjamin Larry Carducci
First Name Middle Name Last Name

Case number (if known) 19-22859

| 5. Have you notified any governmental u                                                  | nit of any release of hazardous mater                      | ial?                                      |                          |
|------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------|--------------------------|
| ☑ No                                                                                     | -                                                          |                                           |                          |
| Yes. Fill in the details.                                                                |                                                            |                                           |                          |
|                                                                                          | Governmental unit                                          | Environmental law, if you know it         | Date of notice           |
|                                                                                          |                                                            |                                           |                          |
| Name of site                                                                             | Governmental unit                                          | -                                         |                          |
| Number Street                                                                            | Number Street                                              | _                                         |                          |
|                                                                                          |                                                            |                                           |                          |
|                                                                                          | City State ZIP Code                                        | =                                         |                          |
| City State ZIP Co                                                                        | ode .                                                      |                                           |                          |
| Have you been a party in any judicial                                                    | or administrativo proceeding under an                      | y environmental law? Include settlement   | e and orders             |
| No                                                                                       | or administrative proceeding under an                      | y environmentariaw? include settlement    | s and orders.            |
| Yes. Fill in the details.                                                                |                                                            |                                           |                          |
|                                                                                          | Court or agency                                            | Nature of the case                        | Status of the case       |
| Case title                                                                               |                                                            |                                           |                          |
|                                                                                          | Court Name                                                 |                                           | Pending                  |
|                                                                                          |                                                            |                                           | On appeal                |
|                                                                                          | Number Street                                              |                                           | Concluded                |
| Case number                                                                              | 011 717                                                    | <del></del>                               |                          |
|                                                                                          | City State ZIP C                                           | ode                                       |                          |
| art 11: Give Details About You                                                           | r Business or Connections to An                            | y Business                                |                          |
| Within 4 years before you filed for ba                                                   | nkruptcy, did you own a business or h                      | ave any of the following connections to a | iny business?            |
|                                                                                          | oyed in a trade, profession, or other a                    |                                           |                          |
|                                                                                          | company (LLC) or limited liability part                    | nership (LLP)                             |                          |
| <ul><li>☐ A partner in a partnership</li><li>☐ An officer, director, or managi</li></ul> | ng executive of a corporation                              |                                           |                          |
| <u></u>                                                                                  | voting or equity securities of a corpor                    | ration                                    |                          |
|                                                                                          |                                                            |                                           |                          |
| No. None of the above applies. Go                                                        | o to Part 12.<br>nd fill in the details below for each bus | rings                                     |                          |
|                                                                                          | Describe the nature of the busine                          |                                           | n number                 |
| 433 Fourth Street LLC  Business Name                                                     | Owns real property at                                      | Do not include Social                     | Security number or ITIN. |
|                                                                                          | 1 1 9                                                      | EIN:                                      |                          |
| 433 Fourth Street, Number Street                                                         |                                                            |                                           |                          |
|                                                                                          |                                                            | Dates business existe                     | d                        |
|                                                                                          | Name of accountant or bookkeep                             |                                           | To                       |
| Mamaronecck NY City State ZIP Co                                                         | ndo.                                                       | From                                      | То                       |
| Sity State ZIF C                                                                         | Describe the nature of the busine                          | Employer Identification                   | n number                 |
| Business Name                                                                            |                                                            |                                           | Security number or ITIN. |
|                                                                                          |                                                            | EIN: -                                    |                          |
| Number Street                                                                            | <del></del>                                                |                                           |                          |
|                                                                                          |                                                            | Dates business existe                     | d                        |
|                                                                                          | Name of accountant or bookkeep                             |                                           | To                       |
| City State ZIP Co                                                                        | nda                                                        | From                                      | То                       |

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|                   | Benjamin Larry Carducci                                                                                                                                                                                                                                                                         | Ca                                                                                                                                                                                                                                             | ase number (if known) 19-22859                                                          |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
|                   | First Name Middle Name                                                                                                                                                                                                                                                                          | Last Name                                                                                                                                                                                                                                      |                                                                                         |
| _                 |                                                                                                                                                                                                                                                                                                 | Describe the nature of the business                                                                                                                                                                                                            | Employer Identification number                                                          |
|                   |                                                                                                                                                                                                                                                                                                 | Describe the nature of the business                                                                                                                                                                                                            | Do not include Social Security number or ITIN.                                          |
| i                 | Business Name                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                |                                                                                         |
|                   |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                | EIN:                                                                                    |
| Ī                 | Number Street                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                | Dates business existed                                                                  |
|                   |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                |                                                                                         |
|                   |                                                                                                                                                                                                                                                                                                 | Name of accountant or bookkeeper                                                                                                                                                                                                               | From To                                                                                 |
| -                 | City State ZIP Coo                                                                                                                                                                                                                                                                              | de la                                                                                                                                                                                                      |                                                                                         |
|                   |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                |                                                                                         |
| stit              | tutions, creditors, or other parties                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                | nyone about your business? Include all financial                                        |
|                   |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                |                                                                                         |
|                   | Name                                                                                                                                                                                                                                                                                            | <del></del>                                                                                                                                                                                                                                    |                                                                                         |
| ,                 | Name                                                                                                                                                                                                                                                                                            | MM / DD / YYYY                                                                                                                                                                                                                                 |                                                                                         |
| i                 | Number Street                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                |                                                                                         |
|                   |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                |                                                                                         |
|                   |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                |                                                                                         |
|                   |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                |                                                                                         |
|                   | 21.                                                                                                                                                                                                                                                                                             | <del></del>                                                                                                                                                                                                                                    |                                                                                         |
| ;                 | City State ZIP Coo                                                                                                                                                                                                                                                                              | de                                                                                                                                                                                                                                             |                                                                                         |
| į                 | City State ZIP Coo                                                                                                                                                                                                                                                                              | de                                                                                                                                                                                                                                             |                                                                                         |
| •                 | City State ZIP Coo                                                                                                                                                                                                                                                                              | de                                                                                                                                                                                                                                             |                                                                                         |
|                   | _                                                                                                                                                                                                                                                                                               | ie                                                                                                                                                                                                                                             |                                                                                         |
| 12                |                                                                                                                                                                                                                                                                                                 | ie                                                                                                                                                                                                                                             |                                                                                         |
| 12<br>hav         | Sign Below  ve read the answers on this State wers are true and correct. I under                                                                                                                                                                                                                | ement of Financial Affairs and any attachments<br>estand that making a false statement, concealing<br>e can result in fines up to \$250,000, or imprisor                                                                                       |                                                                                         |
| 12<br>hav         | ve read the answers on this <i>State</i> wers are true and correct. I under onnection with a bankruptcy case J.S.C. §§ 152, 1341, 1519, and 357                                                                                                                                                 | ement of Financial Affairs and any attachments<br>estand that making a false statement, concealing<br>e can result in fines up to \$250,000, or imprisor                                                                                       | ng property, or obtaining money or property by fraud                                    |
| havensvince       | ve read the answers on this <i>State</i> wers are true and correct. I under onnection with a bankruptcy case                                                                                                                                                                                    | ement of Financial Affairs and any attachments stand that making a false statement, concealing can result in fines up to \$250,000, or imprisor 1.                                                                                             | ng property, or obtaining money or property by fraud                                    |
| havinsvin co      | ve read the answers on this <i>State</i> wers are true and correct. I under onnection with a bankruptcy case J.S.C. §§ 152, 1341, 1519, and 357                                                                                                                                                 | ement of Financial Affairs and any attachments stand that making a false statement, concealing can result in fines up to \$250,000, or imprisor 1.                                                                                             | ng property, or obtaining money or property by fraud                                    |
| havinsvin co      | ve read the answers on this <i>State</i> wers are true and correct. I under onnection with a bankruptcy case J.S.C. §§ 152, 1341, 1519, and 357                                                                                                                                                 | ement of Financial Affairs and any attachments stand that making a false statement, concealing can result in fines up to \$250,000, or imprisor 1.                                                                                             | ng property, or obtaining money or property by fraud                                    |
| havinsvin co      | ve read the answers on this <i>State</i> wers are true and correct. I under onnection with a bankruptcy case J.S.C. §§ 152, 1341, 1519, and 357  /s/ Benjamin Larry Carducci Signature of Debtor 1                                                                                              | ement of Financial Affairs and any attachments estand that making a false statement, concealing can result in fines up to \$250,000, or imprisor 1.                                                                                            | ng property, or obtaining money or property by fraud nment for up to 20 years, or both. |
| haven co          | ve read the answers on this <i>State</i> wers are true and correct. I under onnection with a bankruptcy case J.S.C. §§ 152, 1341, 1519, and 357  /s/ Benjamin Larry Carducci Signature of Debtor 1                                                                                              | ement of Financial Affairs and any attachments stand that making a false statement, concealing can result in fines up to \$250,000, or imprisor 1.                                                                                             | ng property, or obtaining money or property by fraud nment for up to 20 years, or both. |
| havinsyn co       | ve read the answers on this <i>State</i> wers are true and correct. I under onnection with a bankruptcy case J.S.C. §§ 152, 1341, 1519, and 357  /s/ Benjamin Larry Carducci Signature of Debtor 1  Date 04/24/2019  you attach additional pages to You No Yes  you pay or agree to pay someone | ement of Financial Affairs and any attachments stand that making a false statement, concealing can result in fines up to \$250,000, or imprisor 1.                                                                                             | ng property, or obtaining money or property by fraud nment for up to 20 years, or both. |
| havinsvin cos 8 U | ve read the answers on this State wers are true and correct. I under onnection with a bankruptcy case J.S.C. §§ 152, 1341, 1519, and 357  /s/ Benjamin Larry Carducci Signature of Debtor 1  Date 04/24/2019  you attach additional pages to You No Yes  you pay or agree to pay someone No     | stand that making a false statement, concealing a can result in fines up to \$250,000, or imprisor 1.  Signature of Debtor 2  Date  Dur Statement of Financial Affairs for Individual and the who is not an attorney to help you fill out bank | ng property, or obtaining money or property by fraud nment for up to 20 years, or both. |

Fill in this information to identify your case: Benjamin Larry Carducci Debtor 1 Debtor 2 (Spouse, if filing) First Name Middle Name United States Bankruptcy Court for the: Southern District of New York Case number 19-22859-rdd Check if this is an amended filing Official Form 122B **Chapter 11 Statement of Your Current Monthly Income** 12/15 You must file this form if you are an individual and are filing for bankruptcy under Chapter 11. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). Part 1: **Calculate Your Current Monthly Income** 1. What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11. Married and your spouse is NOT filing with you. Fill out Column A, lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 0.00 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 Column B is filled in. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. 0.00 Do not include payments you listed on line 3. 5. Net income from operating a business, profession, Debtor 2 or farm Debtor 1 Gross receipts (before all deductions) Ordinary and necessary operating expenses **-** \$ Copy Net monthly income from a business, profession, or farm 6. Net income from rental and other real property Debtor 1 Debtor 2 Gross receipts (before all deductions) Ordinary and necessary operating expenses

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Net monthly income from rental or other real property

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| Dehtor | 1 |  |
|--------|---|--|

Benjamin Larry Carducci

| J       | J -         |           |
|---------|-------------|-----------|
| st Name | Middle Name | Last Name |

Case number (if known) 19-22859-rdd

|             |                                                                                                                                                                                                                                                                     | Colu<br>Debi | umn A<br>tor 1 | Column B Debtor 2        |                              |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------|--------------------------|------------------------------|
|             |                                                                                                                                                                                                                                                                     |              | 0.00           |                          |                              |
| 7. <b>I</b> | nterest, dividends, and royalties                                                                                                                                                                                                                                   | \$           | 0.00           | \$                       |                              |
| 8. <b>l</b> | Jnemployment compensation                                                                                                                                                                                                                                           | \$           | 0.00           | \$                       |                              |
|             | Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:                                                                                                                                 |              |                |                          |                              |
|             | For you\$                                                                                                                                                                                                                                                           |              |                |                          |                              |
|             | For your spouse\$                                                                                                                                                                                                                                                   |              |                |                          |                              |
| 9. <b>F</b> | Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.                                                                                                                                                  | \$           | 0.00           | \$                       |                              |
| [<br>r      | ncome from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. |              |                |                          |                              |
| I           | f necessary, list other sources on a separate page and put the total below.                                                                                                                                                                                         |              | 0.00           |                          |                              |
|             | <del>,</del>                                                                                                                                                                                                                                                        | \$           | 0.00           | \$                       |                              |
|             |                                                                                                                                                                                                                                                                     | \$           |                | \$                       |                              |
|             | Total amounts from separate pages, if any.                                                                                                                                                                                                                          | + \$         |                | + \$                     |                              |
| 1           | Calculate your total current monthly income.  Add lines 2 through 10 for each column.  Then add the total for Column A to the total for Column B.                                                                                                                   | \$           | 2,319.00       | \$0.00                   | Total current monthly income |
|             |                                                                                                                                                                                                                                                                     |              |                |                          |                              |
| Par         | t 2: Sign Below                                                                                                                                                                                                                                                     |              |                |                          |                              |
| В           | y signing here, under penalty of perjury I declare that the information on this statem                                                                                                                                                                              | ent and      | in any attachn | nents is true and correc | ot.                          |
| 1           |                                                                                                                                                                                                                                                                     |              |                |                          |                              |
| ·           | Signature of Debtor 1 Signature of Debtor                                                                                                                                                                                                                           | 2            |                |                          | _                            |
|             | Date 04/24/2019 Date MM / DD / YYYYY                                                                                                                                                                                                                                | YYYY         |                |                          |                              |

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### United States Bankruptcy Court

| Southern Distric                                                                                                                                                                                                 | t of New York                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| In re Benjamin Larry Carducci                                                                                                                                                                                    |                                                                                                     |
|                                                                                                                                                                                                                  | Case No. <u>19-22859</u>                                                                            |
| Debtor                                                                                                                                                                                                           | Chapter_11                                                                                          |
| DISCLOSURE OF COMPENSATION                                                                                                                                                                                       | N OF ATTORNEY FOR DEBTOR                                                                            |
| 1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. above named debtor(s) and that compensation paid petition in bankruptcy, or agreed to be paid to me, the debtor(s) in contemplation of or in connection via | to me within one year before the filing of the for services rendered or to be rendered on behalf of |
| FLAT FEE                                                                                                                                                                                                         |                                                                                                     |
| For legal services, I have agreed to accept                                                                                                                                                                      | \$                                                                                                  |
| Prior to the filing of this statement I have received.                                                                                                                                                           | \$                                                                                                  |
| Balance Due                                                                                                                                                                                                      | \$                                                                                                  |
| RETAINER                                                                                                                                                                                                         |                                                                                                     |
| For legal services, I have agreed to accept a retaine                                                                                                                                                            | r of                                                                                                |
| The undersigned shall bill against the retainer at an                                                                                                                                                            | hourly rate of \$ 525.00                                                                            |
| [Or attach firm hourly rate schedule.] Debtor(s) hav approved fees and expenses exceeding the amount                                                                                                             |                                                                                                     |
| 2. The source of the compensation paid to me was:                                                                                                                                                                |                                                                                                     |
| Debtor Other (specify)                                                                                                                                                                                           | Christina McMullen                                                                                  |
| 3. The source of compensation to be paid to me is:                                                                                                                                                               |                                                                                                     |
| Debtor Other (specify)                                                                                                                                                                                           |                                                                                                     |
| 4. I have not agreed to share the above-disclosed are members and associates of my law firm.                                                                                                                     | d compensation with any other person unless they                                                    |
| I have agreed to share the above-disclosed co are not members or associates of my law firm. A copy of the people sharing the compensation is attached.                                                           | mpensation with a other person or persons who of the Agreement, together with a list of the names   |

- 5. In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
  - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

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- d. [Other provisions as needed]
- 1. Initial meeting with Client(s) to explain the Bankruptcy process;
- 2. Advise Client(s) concerning their obligations and duties under the Bankruptcy Code and Rules, applicable Court orders, and the provisions of their Chapter 7 Proceeding;
- 3. Preparation and filing of the documents required by Section 521 of the Bankruptcy Code, with Client(s)? assistance and input;
- 4. Preparation and filing the Voluntary Petition, Schedules of Assets and Liabilities, Statement of Financial Affairs, ?Means Test? and all other documents to be filed in the course of an ordinary Chapter 7 proceeding;
- 5. Attending the first Section 341(a) Meeting of Creditors with Client(s) (additional meetings based upon Client(s)? failure to appear or bring the required identification may be at an additional cost to Client(s));
- 6. Communicating with Client(s) after the Section 341(a) Meeting of Creditors;
- 7. Limited assistance to Client(s) in connection with Client(s)? response to any investigation by the Trustee, a creditor, or other interested party, of up to one (1) hour of billable time;
- 8. Monitoring the docket for issues related to discharge; and
- 9. Representation of Client(s)(including counseling) with respect to the reaffirmation, redemption, surrender, or retention of consumer goods or vehicles securing obligations to creditors.

- 6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:
- 1. Preparation and filing of responses to all motions filed against the Client(s).
- 2. Representing the Client(s) in connection with an investigation by the Chapter 7 Trustee, any creditor, or any party in interest which requires more than one (1) hours? time.
- 3. Representing the Client(s) in connection with an F.R.B.P. Rule 2004 application, document response, and examination.
- 4. Representing the Client(s) in connection with a motion for relief from the automatic stay, whether litigated or resolved by agreement.
- 5. Representing the Client(s) in connection with a motion by the Chapter 7 Trustee seeking dismissal of the case.
- 6. Preparation and filing of all motions required to protect Client(s) interests, including Section 522(f) lien stripping motion, and/or Section 363 Sale motion;
- 7. Representing the Client(s) in a contested matter.
- 8. Representing the Client(s) in an Adversary Proceeding as Plaintiff or Defendant.
- 9. Representation of Client(s) in connection with a challenge to the Client(s) discharge and/or dischargeability of certain debts.
- 10. Representation of Client(s) with respect to defending objections to exemptions.
- 11. Representation of Client(s) in connection with a motion by a Trustee to reopen the case for the inclusion of newly discovered assets.

#### **CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

04/24/2019 /s/ Dawn Kirby, 2733004

DateSignature of Attorney

Kirby Aisner & Curley, LLP

Name of law firm 700 Post Road Suite 237

Scarsdale, NY 10583 dkirby@kacllp.com